

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

5864

## 1. PLACE OF DEATH

County Anne Arundel  
Village or City South River

1246

Registration Dist. No. 21

St. Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME TRUXTUN BEALE

(a) Residence: No. R.F.D. #3, Annapolis, Md. St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
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5e. If married, widowed, or divorced  
HUSBAND of (or) WIFE of Marie Beale

6. DATE OF BIRTH (month, day, and year) March 6, 1856

7. AGE 80	Years 2	Months	Dey 27	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (city or town)  
(State or country) San Francisco, California

13. NAME Edward F. Beale

14. BIRTHPLACE (city or town)  
(State or country) Virginia

15. MAIDEN NAME Mary E. Edwards

16. BIRTHPLACE (city or town)  
(State or country) Pennsylvania17. INFORMANT Mrs. Marie Beale,  
(Address) R.F.D. #3, Annapolis, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Baltimore, Md. Date June 4, 1936  
Loudon Park Cemetery19. UNDERTAKER John M. Taylor  
(Address) Annapolis, Md.

20. FILED 6 3, 1936 J. Murphy Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

June 2, 1936  
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

May 1, 1936 to June 2, 1936

I last saw him alive on June 2, 1936; death is said to have occurred on the date stated above, at 12:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Cirrhosis of liver*  
Date of onset  
Unknown  
1935-1-?

Other Contributory Causes of Importance:

*Chronic nephritis*  
*Chronic myocarditis*  
Unknown  
Unknown

Name of operation name Date of

What test confirmed diagnosis? clinical Was there an autopsy? NO

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) J. Willis Martin M. D.  
(Address) Annapolis, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

5865

21

## 1. PLACE OF DEATH

County Anne Arundel

(13)

Registration Dist. No.

Village or City Elvaton (Millersville) P.O. No.

St.,

Ward

Length of residence in city or town where death occurred 1 yrs. 3 mos. ds. How long in U.S. if of foreign birth? 84 yrs. 6 mos. 6 ds.

## 2. FULL NAME

Claudia Bettner

(a) Residence: No.

Elvaton (Millersville P.O.) Md.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	white	widow

5a. If married, widowed, or divorced  
HUSBAND of (or) WIFE of Richard Bettner

6. DATE OF BIRTH (month, day, and year) Nov-18, 1849

7. AGE	Years 86	Months 7	Days 23	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Housewood

10. Date deceased last worked at this occupation (month and year) Sept 1931

11. Total time (years) spent in this occupation 65 yrs

12. BIRTHPLACE (city or town)  
(State or country) Bavaria Germany

13. NAME William Stumpf

14. BIRTHPLACE (city or town)  
(State or country) Luxemburg Germany

15. MAIDEN NAME Innocentia Stumpf

16. BIRTHPLACE (city or town)  
(State or country) Aachen Germany

17. INFORMANT Mrs Andrew Nunnally

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer Cemetery, Elvaton, Md.

Date June 13, 1936

19. UNDERTAKER Thomas W. Singleton

(Address) Glen Burnie, Md.

20. FILED 6-10, 1936 d.a. B. Kit

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

June 10, 1936

22. I HEREBY CERTIFY. That I attended deceased from May 23, 1936, to June 10, 1936

I last saw her alive on June 9, 1936, death is said to have occurred on the date stated above, at 3:00 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Chronic endocarditis

Chronic interstitial nephritis

arteriosclerosis

Other contributory causes of importance:

Cerebral hemorrhage 5-23-36

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Z. A. Breit

(Address) Pasadena, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  - 9.—The industry or business in which the work was done.
  - 10.—The month and year the deceased last worked at the occupation.
  - 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### Example 1

The principal cause of death and related causes of importance were as follows:

*is* JUL 6 1936  
BUREAU V. S.

Gallstones

### Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Attack of epilepsy</i>	1 week ago

*Run over by street car*  
*Peritonitis*

Other contributory causes of importance:	
Gastroenteritis	1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## STATE OF MARYLAND—CERTIFICATE OF DEATH

5866

## 1. PLACE OF DEATH

County

Annapolis

Village or City

Annapolis

Length of residence in city or town where death occurred

39 yrs.

No.

Registration Dist. No.

30

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

Agnes V Brown

(Usual place of abode)

St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

M

W

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND  
(or) WIFE OF

Benjaming a Brown

6. DATE OF BIRTH (month, day, and year)

July 16 - 1859

7. AGE

Years

76

9

Months

Days

23

If LESS than

1 day, hrs.

or min.

8. OCCUPATION

Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)

House wife

11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

Maryland

13. FATHER

NAME

John W Wayson

14. MOTHER

BIRTHPLACE (city or town)

(State or country)

Maryland

15. MAIDEN NAME

Henrietta Sherbeck

16. BIRTHPLACE (city or town)

(State or country)

Maryland

17. INFORMANT

(Address)

Benjaming a Brown

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

Annapolis

June 11, 1936

19. UNDERTAKER

(Address)

B L Hopkins

and apothecary

20. FILED

Date

June 10, 1936

W R Clayton  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

June 9  
(Month) (Day), 1936  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

May 1, 1935, to June 9, 1936; death is said

I last saw her alive on June 9, 1936; death is said  
to have occurred on the date stated above, at 8:30 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Arthritis deformans

Arteric valvular heart  
disease

Other Contributory Causes of importance:

Angina pectoris

Date of onset  
June 1920

1928

June 8 1936

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? 

If so, specify

(Signed) *Henry Lassell* M.D.  
(Address) *Upper Marlboro Md*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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**Example I**

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	<i>RECEIVED</i>	Date of onset 1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	JUL 7 1926	July 5, 1927

Other contributory causes of importance:	
Gallstones	May 1, 1923

**Example II**

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	
Gastroenteritis	1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## STATE OF MARYLAND—CERTIFICATE OF DEATH

## MARGIN RESERVED FOR BINDING

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## 1. PLACE OF DEATH

County *Anne Arundel Co.*

(13)

Registration Dist. No. *1*Village or City *Annapolis*

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No. *37 Taylor*

(Usual place of abode)

if U. S. Veteran, specify WAR

X

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)6a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of*married*

6. DATE OF BIRTH (month, day, end year)

7. AGE Years *84* Months *5* Days *3* If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)13. NAME *Richard Horwans*14. BIRTHPLACE (city or town)  
(State or country)15. MAIDEN NAME *Elijah Nichols*16. BIRTHPLACE (city or town)  
(State or country)17. INFORMANT *Virginia Bryne*  
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Burns Hill* Date *June 7, 1936*

19. UNDERTAKER

(Address) *6 Hess & Nichols*20. FILED *6/10/36* *J. M. M.*

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

June 8  
(Month) (Day), 1936  
(Year)22. I HEREBY CERTIFY. That I attended deceased from  
*June 4* 1936, to *June 8, 1936*I last saw her alive on *June 8, 1936*; death is said  
to have occurred on the date stated above, at *7:30 P.M.*The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Date of onset

*haemia & coma*

6/4/36

Other Contributory Causes of importance:

*Ch. nephritis &  
hypertension*

?

Name of operation *.....* Date of *.....*What test confirmed diagnosis? *Lab. + Clin.* Was there an autopsy? *No*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? *.....* Date of injury *....., 19*

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury *.....*Nature of injury *.....*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *.....*(Signed) *Maurice F. Klawans* M. D.  
(Address) *31 Smith Gate, Md.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset	1915
Chronic interstitial nephritis	Date of onset	1921
Cerebral hemorrhage	Date of onset	July 5, 1927
JUL 6 1928		

RECEIVED  
BUREAU

Other contributory causes of importance: V. S.

Gallstones

Date of onset

1921

July 5, 1927

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset	1 week ago
Run over by street car	Date of onset	1 week ago
Peritonitis	Date of onset	3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

5868

## 1. PLACE OF DEATH

County Anne Arundel

1248

Registration Dist. No. 21Village or City Annapolis MdNo. 163 GloucesterSt. 2 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

Clinton Burgess(a) Residence: No. 163 Gloucester

(Usual place of abode)

St. 2 Ward.WITHIN CORPORATE LIMITS 

X

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male Col.

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (*strike the word*)  
Widower

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofIda Burgess

6. DATE OF BIRTH (month, day, and year)

March 4 1863

7. AGE

Years 73 Months 3 Days 22 If LESS than  
1 day, \_\_\_\_\_ hrs.  
or. \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Retired sailor  
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

of U. S. N.Y.

9. OCCUPATION

Retired sailor

10. Data deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

Anne Arundel Co

(State or country)

13. NAME

Murphy

14. BIRTHPLACE (city or town)

Murphy

(State or country)

15. MAIDEN NAME

Margaret Pidley

16. BIRTHPLACE (city or town)

Annapolis Md

(State or country)

17. INFORMANT

Elly CarterAnnapolis Md

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Annapolis Md

Place

Date June 30, 1936

19. UNDERTAKER

Joly M. Murphy

(Address)

20. FILED

6-28 1936 J. Murphy

Registrar.

## 21. DATE OF DEATH

June  
(Month)26  
(Day)1936  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

June 16 1936 to June 26 1936; I last saw him alive on June 25 1936; death is saidto have occurred on the date stated above, at 11:10 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Cerebral hemorrhage

Jun 16

Other Contributory Causes of importance:

Senility  
Ch. Arteriosclerosis  
Sclerosis of liver.Name of operation None Date of NoneWhat test confirmed diagnosis? Clamical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Maurice F. Klawansky, M.D.(Address) 31 Southgate Ave.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis	JUL 6 1936	1921
Cerebral hemorrhage		July 5, 1927
BUREAU V. S.		

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Other contributory causes of importance:		
Gallstones	May 1, 1923	Gastroenteritis
		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

5869

## 1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred

38 yrs. 9 mos. 9 ds.

(23)

Registration Dist. No. 21

St., Ward

No. 189 Chestnut

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME

(a) Residence: No.

189 Chestnut

St.

Ward.

X  
If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male colored

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Feb. 28 1898

7. AGE Years Months Days If LESS than  
38 3 28 1 day, hrs.  
or min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc. Labors9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

13. NAME

Harry Dornell

14. BIRTHPLACE (city or town)  
(State or country)

15. MARIEN NAME

Mary Burleigh

16. BIRTHPLACE (city or town)  
(State or country)

17. INFORMANT

Mary Burleigh

(Address) 189 Chestnut St

18. BURIAL, CREMATION, OR REMOVAL

Place Broadfield Date June 30, 1931

19. UNDERTAKER

(Address) C. J. Murphy

20. FILED

6-29, 1931 J. M. Murphy

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

June 26

(Month)

(Day)

1931

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

June 22, 1931, to June 26, 1931; death is said

I last saw him alive on June 26, 1931; death is said  
to have occurred on the date stated above, at 10:30 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Tuberculosis

Date of onset

Other Contributory Causes of importance:

none

Name of operation none

Date of

What test confirmed diagnosis?

Was there an autopsy? M

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Exposure to Weather in body eng

(Signed) R. B. Burleigh M. D.

(Address) 24 W. Wash St., Annapolis, Md.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

RECEIVED		Date of onset
The principal cause of death and related causes of importance were as follows:	JUL 6 1936	1915
Arteriosclerosis		
Chronic interstitial nephritis	MIRTAU V. S.	1921
Cerebral hemorrhage		July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Other contributory causes of importance:		
Gallstones	May 1, 1923	Gastroenteritis
		1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

5870

## 1. PLACE OF DEATH

County

Anne Arundel

(131)

Registration Dist. No.

20

Village or City

Isay's Landing

No.

St.

Ward

Length of residence in city or town where death occurred

(If death occurred in a hospital or institution, give its NAME instead of street and number)

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

William Cattleton

(a) Residence: No.

Isay's Landing

St.

Ward.

(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

single

6e. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Jan. 3, 1868

7. AGE

68

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year):

Salter

Farm

11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

Calvert County

MOTHER FATHER

13. NAME

Poke Cattleton

14. BIRTHPLACE (city or town)

(State or country)

Calvert County

15. MAIDEN NAME

unknown -

16. BIRTHPLACE (city or town)

(State or country)

"

17. INFORMANT

(Address)

Mr. Bill Moreland

Tracey's Landing

18. BURIAL, CREMATION, OR REMOVAL

Place

Friendship

Date June 23, 1936

19. UNDERTAKER

(Address)

Albert P. Ward

Friendship

20. FILED

Date

June 22, 1936

1936

W. R. Clayton

Death Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

June 22  
(Month)

(Day)

1936  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

June 22, 1936, to June 22, 1936.

I last saw him alive on not at all, 19; death is said to have occurred on the date stated above, at 4 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

acute myocarditis

Date of onset

Other Contributory Causes of importance:

arteriosclerosis

hypertension

chronic nephritis

Date of

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Ind.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

Emily H. Wilson

M. D.

(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

5871

## 1. PLACE OF DEATH

County Anne Arundel

131

Registration Dist. No. 1

Village or City Crownsville State Hospital

St. Ward

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME John Wesley Chew

(a) Residence: No. Annapolis, Maryland  
(Usual place of abode)

If U. S. Veteran, specify WAR WORLD WAR

0210

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. COLOR OR RACE black	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
-------------	------------------------	--

5a. If married, widowed, or divorced  
HUSBAND of  
my wife of Unknown

6. DATE OF BIRTH (month, day, and year) 1887

7. AGE Years 49	Months Unknown	Days	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ---

10. Date deceased last worked at this occupation (month and year) ---

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) Maryland  
(State or country)

13. NAME Walter Chew

14. BIRTHPLACE (city or town) Maryland  
(State or country)

15. MAIDEN NAME Sophie Purous

16. BIRTHPLACE (city or town) Maryland  
(State or country)

17. INFORMANT (Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL Place Annapolis Md Date 6/28/36 19

19. UNDERTAKER (Address) Johnson - Md

20. FILED 6 27 1936 J. J. Murphy

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH June 25th

(Month) (Day), 19 (Year) 6

22. I HEREBY CERTIFY. That I attended deceased from June 18th 1936 to June 25th 1936

I last saw him alive on June 25th 1936; death is said to have occurred on the date stated above, at 9:55 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic interstitial nephritis ? Date of onset

Other Contributory Causes of importance:

Aortic insufficiency ?

Name of operation --- Date of ---

What test confirmed diagnosis? --- Was there an autopsy? ---

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? --- Date of Injury ---, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury ---

Nature of Injury ---

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) J. J. Murphy M. D.

(Address) Crownsville, Maryland

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 1, 1927

Other contributory causes of importance:

Gallstones	July 1, 1923
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## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

5872

## 1. PLACE OF DEATH

County Anne Arundel

Registration Dist. No. 21

Village or City Crownsville State Hospital No.

St. Ward

Length of residence in city or town where death occurred yrs. 4 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Alice Cornish

If U. S. Veteran, specify WAR

(a) Residence: No.

152 East Street, Baltimore, Maryland

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX female	4. COLOR OR RACE black	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
------------------	---------------------------	---

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Unknown

6. DATE OF BIRTH (month, day, and year)

1850

7. AGE 86	Years Unknown	Months Unknown	Days Unknown	If LESS than 1 day, _____ hrs. or _____ min.
--------------	------------------	-------------------	-----------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Unknown

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

Unknown

10. Date deceased last worked at this occupation (month and end year)

II. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Unknown

13. NAME  
Unknown14. BIRTHPLACE (city or town)  
(State or country)

Unknown

15. MATURE NAME  
Unknown16. BIRTHPLACE (city or town)  
(State or country)

Unknown

17. INFORMANT  
(Address) Hospital Records

Crownsville, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Hospital Cremation Date 6/17, 1936

19. UNDERTAKER

(Address)

D. P. P. Wentz &amp; Sons

20. FILED

(Address)

6/17, 1936 E. J. Joyce

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

June 12th

(Month)

(Day)

1936  
(Year)

## 22. I HEREBY CERTIFY. That I attended deceased from

Feb. 5, 1936, 1936, to June 12, 1936

I last saw her alive on June 12th, 1936; death is said to have occurred on the date stated above, at 4:45 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebra-spinal syphilis

Date of onset

## Other Contributory Causes of Importance:

Name of operator \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed)

(Address)

M. D.

John H. Simms, M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I ~

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	Sept. 5, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	Aug. 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

5873

## 1. PLACE OF DEATH

County Anne Arundel

Registration Dist. No. 25

Village or City Brooklyn Park

No. 100 5th Ave.

St.

Ward

Length of residence in city or town where death occurred 52 yrs.

5 mos.

29

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. if of foreign birth? yrs.

mos.

ds.

## 2. FULL NAME William N. Crisp

(a) Residence: No. 100 5th Ave.,

St. \_\_\_\_\_ Ward. \_\_\_\_\_

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5e. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Sarah E. Crisp

6. DATE OF BIRTH (month, day, and year) Jan. 1, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	52	5	19	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Builder & Real
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Estate Business
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Brooklyn,

(State or country) Md.

13. NAME William S. Crisp

14. BIRTHPLACE (city or town) Brooklyn,

(State or country) Md.

15. MAIDEN NAME Mary C. Clarke

16. BIRTHPLACE (city or town) Waugh Chapel

(State or country) Md.

17. INFORMANT Mrs. Sarah E. Crisp

(Address) 100 5th Ave., Brooklyn Park

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date June 24, 1936

19. UNDERTAKER John F. Denney

(Address) 715 21st St

20. FILED June 22, 1936

Registrar A. M. Whittemore

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

June 21 /26, 1936 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

19... to 19...; death is said

I first saw h... alive on 19... to 19...; death is said

to have occurred on the date stated above, at 11:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other Contributory Causes of importance:

Name of operation none Date of

What test confirmed diagnosis History Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) N. A. Kirkwood Acting Coroner

(Address) 940 2nd Street, Baltimore, Md.

OVER

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis.	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

*Body was discovered on the morning of June 21, 1936 at about  
7:30 AM - from history and a state of rigor mortis indicate  
the death was sudden and occurred 8-10 hrs before discovery.  
Date of death changed from June 20 to June 21, 1936 by letter filed  
August 4, 1936 under M. Kirkwood, acting coroner.-Bureau Vital Statistics. L.*

## STATE OF MARYLAND—CERTIFICATE OF DEATH

5874

## 1. PLACE OF DEATH

County Anne Arundel

92-a

Registration Dist. No.

21

Village or City Md.

St.

Ward

Length of residence in city or town where death occurred yrs.

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Sandy Curley(a) Residence: No. 703 Adams (M. D.)  
(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

6 (Month) 1936 (Day), 1936 (Year)

## 22. I HEREBY CERTIFY. That I attended deceased from

19 \_\_\_\_\_ to 19 \_\_\_\_\_

I last saw h. alive on \_\_\_\_\_; death is said to have occurred on the date stated above, at \_\_\_\_\_.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic arter heart disease  
& aortic regurgitation  
and stenosis Date of onset

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	
<u>Male</u>	<u>Colored</u>	<u>Single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			
6. DATE OF BIRTH (month, day, and year) <u>June 19, 1911?</u>			
7. AGE	Years	Months	Days
<u>35</u>	<u>24</u>	<u>11</u>	<u>17</u>
If LESS than 1 day, _____ hrs. or _____ min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Laborer</u>		
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		
	10. Date deceased last worked at this occupation (month and year) <u>1935</u>		
	11. Total time (years) spent in this occupation <u>1935</u>		
12. BIRTHPLACE (city or town) (State or country) <u>Westmoreland</u>			
MOTHER	13. NAME <u>Sandy Curley</u>		
FATHER	14. BIRTHPLACE (city or town) (State or country) <u>Westmoreland</u>		
15. MAIDEN NAME			
16. BIRTHPLACE (city or town) (State or country) <u>Hart Townsend</u>			
17. INFORMANT <u>Widowed Jackson</u> (Address) <u>Tasadena Md.</u>			
18. BURIAL, CREMATION, OR REMOVAL Place <u>Maryland</u> Date <u>March 16, 1936</u>			
19. UNDERTAKER <u>Mr. &amp; Jackson</u> (Address) <u>916 Pennsylvania</u>			
20. FILED <u>6-61</u> , 1936 <u>Z. A. Breit</u> Registrar.			

Other Contributory Causes of importance  
coronary thrombosis Date of onset

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed)

(Address) Z. A. Breit M. O. Patricia ad. T. A. Breit

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED
Chronic interstitial nephritis	
Cerebral hemorrhage	
	JUL 8 1930
Other contributory causes of importance:	BUREAU V. S.
Gallstones	

Date of onset

1915

1921

July 5, 1927

May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

*See letter filed under Dr. Breit, 9-3-36, B*

## STATE OF MARYLAND—CERTIFICATE OF DEATH

5875

## 1. PLACE OF DEATH

County Anne Arundel

107-a

Registration Dist. No.

21

Village or City Crownsville

St. Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(Theodore) Roland Dean

If U. S. Veteran, specify WAR

(a) Residence: Nd.

Baltimore Md.

St. Ward

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Single

6. DATE OF BIRTH (month, day, and year)

July 1, 1905

7. AGE Years

30

Months

11

Days

20

If LESS than  
1 day, hrs.  
or min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKEEPER, etc.

Porter

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)Baltimore  
Md.

## MOTHER FATHER

13. NAME

Joseph Dean

14. BIRTHPLACE (city or town)  
(State or country)

Virginia

15. MAIDEN NAME

Emilia Dixie

16. BIRTHPLACE (city or town)  
(State or country)

Md.

17. INFORMANT Record Crownsville State Hosp.  
(Address) Crownsville Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Daniel Dean Date 6-24, 1936

Lincoln Hospital Lin

19. UNDERTAKER Mr Jas. J. Springer  
(Address) 1430 Rock Ave20. FILED 7/21/36 E. F. Joy, Jr.  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

June  
(Month)21  
(Day)1936  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 11, 1935, to June 21, 1936

I last saw him alive on June 20, 1936; death is said  
to have occurred on the date stated above, at 6 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Bronchitis Pneumonia

Date of onset

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Phys. Exam Was there an autopsy? No

23. If death was due to external cause (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?  Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *John T. McFarland*  
(Address) Crownsville Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

DE

1921

Cerebral hemorrhage

JULY 5, 1927

1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Gallstones

May 1, 1928

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

5876

## 1. PLACE OF DEATH

County Anne ArundelVillage or City AnnapolisLength of residence in city or town where death occurred 30 yrs.

93-a

Registration Dist. No. 11St. 3

Ward

No. 17 Dean

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. 0 ds. How long in U. S. if of foreign birth? yrs. 0 mos. 0 ds.

## 2. FULL NAME

(a) Residence No. 17 Dean

(Usual place of abode)

St. 3 Ward.

CORPORATE LIMITS OF

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

June 20<sup>th</sup> 1906

7. AGE

Years 30 Months 0 Days 6 If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

None

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (Month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Annapolis Md

Annapolis Md

13. NAME

Godfrey Denninger

Germany

Germany

Germany

14. BIRTHPLACE (city or town)  
(State or country)

Mary Agnes Taylor

Annapolis Md

Annapolis Md

15. MAIDEN NAME

Mary Agnes Taylor

Annapolis Md

16. BIRTHPLACE (city or town)  
(State or country)

Mary Agnes Denninger

Annapolis Md

17. INFORMANT

John W. Taylor

Annapolis Md

18. BURIAL, CREMATION, OR REMOVAL

Place Annapolis Date June 28<sup>th</sup>, 1936

19. UNDERTAKER

John W. Taylor

Annapolis Md

20. FILED

Date 28 1936Signature J. Murphy

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

June  
(Month)26  
(Day)1936  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

January 1935 to June 26, 1936

I last saw him alive on June 26, 1936; death is said  
to have occurred on the date stated above, at 8:30 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Acute Myocarditis & Myocardial failure  
Dense Hemorrhage

Date of onset

Other Contributory Causes of importance:

Paroxysms of Agitation

Several  
years.  
(16)

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George C. Boenig  
(Address) Annapolis Md M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

BUREAU OF THE CENSUS

Other contributory causes of importance:

Gallstones	May 1, 1923

**Example II**

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago


Other contributory causes of importance:	
Gastroenteritis	1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

5877

## 1. PLACE OF DEATH

County Anne Arundel  
Village or City Annapolis

Length of residence in city or town where death occurred 84 yrs.Registration Dist. No. 21(If death occurred in a hospital or institution, give its NAME instead of street and number)  
No. Prune Lee Miller St., 2 Wardmos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Dennis Blanche  
(a) Residence: No. 301 Annapolis Rd. St., 2 Ward.

WITHIN CORPORATE LIMITS OF

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Married

## 6e. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofElizabeth B. Blanche

## 6. DATE OF BIRTH (month, day, and year)

June 29<sup>th</sup> 1851

## 7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

84

11

22

## OCCUPATION

3 X 77123456789101112131415161718192021222324252627282930313233343536373839404142434445464748495051525354555657585960616263646566676869707172737475767778798081828384858687888990919293949596979899100101102103104105106107108109110111112113114115116117118119120121122123124125126127128129130131132133134135136137138139140141142143144145146147148149150151152153154155156157158159160161162163164165166167168169170171172173174175176177178179180181182183184185186187188189190191192193194195196197198199200201202203204205206207208209210211212213214215216217218219220221222223224225226227228229230231232233234235236237238239240241242243244245246247248249250251252253254255256257258259260261262263264265266267268269270271272273274275276277278279280281282283284285286287288

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED	
Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	JUL 6 1936 1921
Cerebral hemorrhage	July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

BUREAU V. S.

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

5878

## 1. PLACE OF DEATH

County Anne Arundel

(173)

Registration Dist. No.

21

Village or City Rock Creek

St.

Ward

ND.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. I ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Albert Dorsey

If U. S. Veteran, specify WAR

(a) Residence: No. 1308 Argyle ave.

St. Ward. Baltimore, Md.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. COLOR OR RACE negro	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
-------------	------------------------	---

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Albert Dorsey - 2-14-21

6. DATE OF BIRTH (month, day, and year) May 1920

7. AGE Years 16	Months I	Days	If LESS than 1 day, hrs. or min.
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OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
	10. Date deceased last worked at this occupation (month and year) 5-II
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore  
(State or country) Md.

13. NAME Robert Dorsey

14. BIRTHPLACE (city or town) Md.  
(State or country)

15. MAIDEN NAME Maggie Carroll

16. BIRTHPLACE (city or town) Md.  
(State or country)17. INFORMANT Robert Dorsey  
(Address) 1308 Argyle ave.18. BURIAL, CREMATION, OR REMOVAL  
Place Mt. Auburn Date June 15, 193619. UNDERTAKER R. C. Hemsley  
(Address) Baltimore, Md.20. FILED 6-12, 1936 J. A. Brit  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

June 12th  
(Month) (Day), 1936  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

, 19 , to , 19 .

I last saw h. alive on , 19 ; death is said to have occurred on the date stated above, at 4 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Accidental drowning : a boat

Date of onset  
was not involved. Case Re

jumped off pier, when chased by a dog.

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? NO

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19

Where did injury occur? \_\_\_\_\_

Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) J. G. Brit M. D.

(Address)

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis	JUL 6 1930	1915
Cerebral hemorrhage		1921
	BUREAU V. S.	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Anne Arundel  
Village or City Gambrills

Length of residence in city or town where death occurred 18 yrs.

946

Registration Dist. No. 22

5879

No Conway - Patuxent Road St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

ds. How long in U. S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No. Joseph Dawson  
Gambrills, Md.

St. Ward.

If U. S. Veteran specify WAR

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (write the word) Single
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5a. If married, widowed, or divorced  
HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year)

Dec. 25, 1869

7. AGE Years 66	Months 5	Days 6	If LESS than 1 day, hrs. or min.
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OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farm laborer
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. General farming
V.V.	10. Date deceased last worked at this occupation (month and year) 6/1/36
	11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town)  
(State or country)

Germany

MOTHER

13. NAME William Dawson

14. BIRTHPLACE (city or town)  
(State or country)

Germany

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town)  
(State or country)

Germany

17. INFORMANT Mrs. Hilda Beck  
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place White Marsh Date June 3, 1936

19. UNDERTAKER M. Fladung & Sons  
(Address)

Baltimore, Md.

20. FILED June 2, 1936 W. L. Jones  
Deputy Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

June 1, 1936 (Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from June 1, 1936, to June 1, 1936.

I last saw him alive on about 6:30 p.m.  
to have occurred on the date stated above, at \_\_\_\_\_; death is said  
The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Acute Coronary Occlusion  
(Sudden death)

Date of onset

Other Contributory Causes of importance:

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? none Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did Injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) John M. Claffey M. D.  
(Address) Gambrills, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	JUL 9 1926	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	LAUREAU V. S.	July 6, 1927

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

5880

## 1. PLACE OF DEATH

County Anne Arundel

Registration Dist. No. 21

Village or City Annapolis

ND. Emergency Hospital St. 2

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 59 yrs. 11 mos. 18 ds. How long in U.S. if foreign birth? yrs. mos. ds.

## 2. FULL NAME Frank J. Hinckle

(a) Residence: ND. 17 East

St. 1 Ward.

WITH CORPORATE LIMITS OF X  
If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Male

White

widowed

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

June 17, 1876

7. AGE Years Months Days If LESS than  
59 11 18 1 day, hrs.  
or min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

Annapolis

Maryland

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
JUL 6 1936	
RUDFALL V. S.	

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

5881

## 1. PLACE OF DEATH

County Anne Arundel Co.  
 Village or City Laurel Md.

44

Registration Dist. No. 22

St. Ward

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas L. Fuller(a) Residence: No. Laurel Md. St. Ward.  
 (Usual place of abode)

If U. S. Veteran, specify WAR

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofRose S. Fuller

6. DATE OF BIRTH (month, day, and year)	March 15 - 1876		
7. AGE	Years <u>66</u>	Months <u>3</u>	Days <u>15</u>
	If LESS than 1 day, _____ hrs. or _____ min.		

8. OCCUPATION <u>Banker</u>	9. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u></u>
10. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u></u>	11. Total time (years) spent in this occupation <u></u>
12. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (city or town) (State or country)	<u>Kentucky</u>		
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13. NAME <u>Thomas L. Fuller</u>	14. BIRTHPLACE (city or town) (State or country)	<u>Morganfield Ky</u>	
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15. MOTHER FATHER	16. MAIDEN NAME <u>Katherine Bunch</u>		
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17. INFORMANT	18. BURIAL, CREMATION, OR REMOVAL		
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17. INFORMANT <u>Rose S. Fuller</u>	18. BURIAL, CREMATION, OR REMOVAL Place <u>Wash DC</u> Date <u>7-1-36</u>		
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19. UNDERTAKER <u>W.W. Charles Co</u>	20. FILED <u>June 30, 1936</u>	21. DATE OF DEATH
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(Address) <u>1400 Chapin St. N.D.</u>	22. MEDICAL CERTIFICATE OF DEATH
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(Address) <u>Laurel Md.</u>	23. (Month) <u>6</u> (Day) <u>28</u> , (Year) <u>1936</u>
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(Address) <u>Laurel Md.</u>	24. I HEREBY CERTIFY, That I attended deceased from 19 _____ to 6 28, 1936; death is said
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(Address) <u>Laurel Md.</u>	to have occurred on the date stated above, at 5 a.m.
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(Address) <u>Laurel Md.</u>	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
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(Address) <u>Laurel Md.</u>	<u>Coronary Thrombosis</u> Date of onset <u>11/31</u>
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(Address) <u>Laurel Md.</u>	Other Contributory Causes of importance: <u>auto cardiac dilatation</u> Date of <u>6/29/36</u>
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(Address) <u>Laurel Md.</u>	Name of operation _____ Date of _____
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(Address) <u>Laurel Md.</u>	What test confirmed diagnosis? _____ Was there an autopsy? <u>No</u>
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(Address) <u>Laurel Md.</u>	23. If death was due to external causes (VIOLENCE) fill in also the following:
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(Address) <u>Laurel Md.</u>	Accident, suicide, or homicide? _____ Date of injury _____, 19_____
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(Address) <u>Laurel Md.</u>	Where did injury occur? _____ (Specify city or town, county and State)
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(Address) <u>Laurel Md.</u>	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
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(Address) <u>Laurel Md.</u>	Manner of injury _____
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(Address) <u>Laurel Md.</u>	Nature of injury _____
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(Address) <u>Laurel Md.</u>	24. Was disease or injury in any way related to occupation of deceased? <u>No</u>
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(Address) <u>Laurel Md.</u>	If so, specify _____
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(Address) <u>Laurel Md.</u>	(Signed) <u>P. Warren</u> M. D.
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(Address) <u>Laurel Md.</u>	(Address) <u>Laurel Md.</u>
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# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

5882

## 1. PLACE OF DEATH

County Anne Arundel

(13)

Registration Dist. No.

23

Village or City Crownsville State Hospital ND.  
 Length of residence in city or town where death occurred 4 yrs. 10 mos. 20 ds. If death occurred in a hospital or institution, give its NAME instead of street and number  
 How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Charles Gardner

If U. S. Veteran, specify WAR

(a) Residence: No. 640 Bruce Street, Baltimore, Md. Ward.  
 (Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. COLOR OR RACE black	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
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5a. If married, widowed, or divorced  
 HUSBAND of  
 (or) WIFE of Sarah Cephas

6. DATE OF BIRTH (month, day, end year) 1892

7. AGE Years 44	Months Unknown	Days	If LESS than 1 day, ____ hrs. or ____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER,  
 SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL,  
 SAW MILL, BANK, etc. -----

10. Date deceased last worked at this occupation (month and year) ---

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town)  
 (State or country) Virginia

MOTHER FATHER  
 13. NAME William Gardner  
 14. BIRTHPLACE (city or town)  
 (State or country) Virginia

MOTHER  
 15. MAIDEN NAME Lavinnia Braxton

16. BIRTHPLACE (city or town)  
 (State or country) Virginia

HOSPITAL RECORDS  
 17. INFORMANT  
 (Address) Crownsville, Maryland

18. BURIAL, CREMATION, OR REMOVAL  
 Mortuaries Date 6/18/36, 19

19. UNDERTAKER  
 (Address) Joseph A. Leiby 409 N. Mount St. Baltimore

20. FILED June 2, 1936, Calderwood & Buff  
 Registered

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH June 6th

(Month)

(Day)

1936

(Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug. 4th, 1931, to June 6th, 1936

I last saw him alive on June 6th, 1936; death is said

to have occurred on the date stated above, at 10:45 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic interstitial nephritis  
 Date of onset 7 mos

## Other Contributory Causes of Importance:

Chronic myocarditis  
 9 mos

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury 19

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)  
 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) *Charles Gardner* M. D.  
 (Address) CROWNsville, Maryland

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	Aug. 3, 1923

Other contributory causes of importance:

Gallstones

July 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

5883

## 1. PLACE OF DEATH

County Baltimore CountyVillage or City Baltimore, Md.

Length of residence in city or town where death occurred

yrs.

Registration Dist. No. 1  
(If death occurred in a hospital or institution, give its NAME instead of street and number)mos. 14 ds. How long in U.S. if of foreign birth? yrs. mos. ds.2. FULL NAME Charles L. Gates(a) Residence: No. 23 Jaffray  
(usual place of abode)St. 2 Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,

OR DIVORCED (write the word)

MARRIED

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofLey L. Gates

6. DATE OF BIRTH (month, day, and year)

Dec -25-1882

7. AGE

Years  
55Months  
5Days  
17IF LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

7841</

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	EIVED	1915
Chronic interstitial nephritis	JUL 6 1936	1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

5884

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County

St. L. Co., Md.

123

Registration Dist. No. 11

Village or City

Annapolis

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No.

38 Taylor

(Legal place of abode)

If U. S. Veteran, specify WAR

St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Cf.

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

single.

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

May. 5 - 1883

7. AGE

53

Years

1

Months

15

Days

If LESS than  
1 day,  
or  
hrs.  
min.

OCCUPATION

7899

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

Labor.

12. BIRTHPLACE (city or town)  
(State or country)Annapolis  
St. L. Co. Md.

MOTHER FATHER

13. NAME

Louise Green

14. BIRTHPLACE (city or town)  
(State or country)

St. L. Co. Md.

15. MAIDEN NAME

Mollie Rockwell

16. BIRTHPLACE (city or town)  
(State or country)Annapolis  
St. L. Co. Md.

17. INFORMANT

(Address)

Louise Green.

18. BURIAL, CREMATION, OR REMOVAL

Place

Burial Cremation June 20, 1936

19. UNDERTAKER

(Address)

Charles E. Banks Jr.

20. FILED

(Address)

6-20, 1936 J. Murphy

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Date found

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

19

to

19

I last saw h. alive on

to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Accidental drowning  
in Annapolis Harbor

Manner unknown.

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Drowning

Nature of injury

24. Was disease or injury in any way related to occupation or degreed?

If so, specify

Joseph John Lemishay Jr.

Lasting Grocer

M. D.

(Address)

Annapolis Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	JUL 6 1936	1921

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

5885

## 1. PLACE OF DEATH

County Anne Arundel

946

Registration Dist. No.

23-

Village or City McPherson Md Brooklyn Rd. 9-

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. ✓ mos. ✓ ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

William H Green

(a) Residence: No. McPherson Md.

(Usual place of abode)

St. Ward.

If U.S. Veteran specify WAR

World War.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

male white married

5a. If married, widowed, or divorced  
HUSBAND OF ✓  
(or) WIFE OF

Eleanor L. Green

6. DATE OF BIRTH (month, day, and year) June 25, 1888

7. AGE Years Months Days If LESS than  
47 11 8 1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc. Machinist9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc. May Oil Burner10. Date deceased last worked at  
this occupation (month and  
year) March 27 yrs.12. BIRTHPLACE (city or town)  
(State or country)

13. NAME

14. BIRTHPLACE (city or town)  
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)  
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

20. FILED

Date

M. R. DeAlba

Dep Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

June 2, 1936 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, to June 2, 1936.

I last saw him alive on June 2, 1936; death is said

to have occurred on the date stated above, at 1045 P.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Coronary occlusion Date of onset 3/30/36  
Pulmonary embolus 5/26/36

Other Contributory Causes of importance:

Arteriosclerosis 1936

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Harry M. Moore M. D.

(Address) Glen Burnie, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis		1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage		July 5, 1927

## Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

  

Other contributory causes of importance:		
Gallstones	May 1, 1928	Gastroenteritis

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

5886

## 1. PLACE OF DEATH

County Anne Arundel

(R3)

Registration Dist. No. 27

Village or City Herald Harbor, Maryland

St. Ward

Length of residence in city or town where death occurred

yrs. 1

mos. 17

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME George R. Hammer

If U. S. Veteran, specify WAR

(a) Residence: No. Fort Geo. G. Meade, Md.

St. Ward

(Usual place of abode)

If nonresident give city or town and State

02X

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 20, 1904

7. AGE Years 31	Months 11	Days 29	If LESS than 1 day, ____ hrs. or ____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Soldier

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. U. S. Army

10. Date deceased last worked at this occupation (month and year) June 19, 1936

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town)  
(State or country) Warren, Virginia

13. NAME John T. Hammer,

14. BIRTHPLACE (city or town)  
(State or country) Warren, Va.

15. MATURE NAME Laura Wingfield,

16. BIRTHPLACE (city or town)  
(State or country) Esmont, Va.17. INFORMANT Service record  
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place West View, Va. Date June 21, 1936

19. UNDERTAKER Robert Brooks,  
(Address) Baltimore, Md.20. FILED June 19, 1936 B. Norris  
B. NORRIS, Maj. MC Registr.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

June 19, 1936  
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

, 19 , to , 19

I last saw h. alive on , 19 ; death is said to have occurred on the date stated above, at 7:00 A.M. Approximately The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Drowning, accidental

Date of onset  
6/19/36

Other Contributory Causes of importance:

None

Name of operation --- Date of ---

What test confirmed diagnosis? --- Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accidental Date of injury June 19, 1936

Where did injury occur? Herald Harbor, Md.

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Public Place

Manner of injury --- While swimming.

Nature of Injury ---

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

Signature

T. W. MATTINGLY, 1st Lt. MCMD

(Address) Fort Geo. G. Meade, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED JUL 3 1923 MURKIN V. S.	Date of onset
Chronic interstitial nephritis		1921
Cerebral hemorrhage		July 5, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



# REVISED UNITED STATES STANDARD

## CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary foreman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer*—*Cord* *mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death.**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia, unqualified, is indefinite"); *Tuberculosis of lungs*, *mon-*

*ges*, *peritonacum*, etc., *Carcinoma*, *Sarcoma*, etc., of . . . . . (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia", "Anæmia" (merely symptomatic), "Atrophy", "Collapse", "Coma", "Convulsions", "Debility" ("Con genital", "Senile", etc.), "Dropsy", "Exhaustion", "Heart failure", "Haemorrhage", "Inanition", "Marasmus", "Old Age", "Shock", "Transtia", "Weakness", etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child birth or miscarriage as "Premenstrual", "Spontaneous", "Puerperal", "peritonitis", etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as "Accidental", "Suicidal", or "Homicidal", or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train*—accident; *Renaker wound of head*—homicide; *Poisoned by carbonic acid*—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

5889

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Anne Arundel

83

Registration Dist. No. 21

Village or City Crownsville State Hospital

St. Ward

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Betty Hobbs

If U. S. Veteran, specify WAR

(a) Residence: No. 1032 Hillen St., Baltimore Md. Ward.

0001

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX female	4. COLOR OR RACE colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
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5a. If married, widowed, or divorced  
HUSBAND of (or) WIFE of Henry Hobbs

6. DATE OF BIRTH (month, day, and year) 1888

7. AGE 48	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	Unknown			

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Domestic

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 9/5/16

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town). (State or country) Maryland

13. NAME Unknown

14. BIRTHPLACE (city or town). (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town). (State or country) Unknown

17. INFORMANT Hospital Records  
(Address) Crownsville, Maryland

18. BURIAL, CREMATION, OR REMOVAL Mt. Calvary Place June 16 36  
Date 19

19. UNDERTAKER Robert E. Williams  
(Address) 1515 McElroy Street

20. FILED 4/13, 1936 S. F. Joyce  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH June 11th

(Month)

(Day)

1936 (Year)

22. I HEREBY CERTIFY. That I attended deceased from June 2nd 1936 to June 11th 1936  
I last saw her alive on June 11th 1936; death is said to have occurred on the date stated above, at 4:50 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

General Paralysis of the insane

Date of onset

?

Other Contributory Causes of importance:

Lues

?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Natura of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. D.  
(Address) CROWNsville, Maryland

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset 1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	JUL 8 1936	July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

5888

## 1. PLACE OF DEATH

County Anne Arundel

Village or City Annapolis

Length of residence in city or town where death occurred

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registration Dist. No. 21

No. State Circle

St.

Ward

## 2. FULL NAME Anne Claude Haward

(a) Residence: No. State Circle  
(Usual place of abode)

St. Ward

If nonresident give city or town and State X

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Female white

widowed

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Thos. B. Haward

6. DATE OF BIRTH (month, day, and year)

Nov. 29, 1857

7. AGE

Years 78

Months 6

Days 8

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Annapolis Maryland

## MOTHER FATHER

13. NAME

Anne Claude

14. BIRTHPLACE (city or town)  
(State or country)

Annapolis Maryland

15. MAIDEN NAME

Rachel Ann Tuck

16. BIRTHPLACE (city or town)  
(State or country)

Annapolis Maryland

17. INFORMANT

Douglas L. Haward

(Address) Action Place, Annapolis, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Annapolis, Md. Date June 8, 1936

Naval Academy Cemetery

19. UNDERTAKER

John M. Taylor

(Address) Annapolis, Md.

20. FILED

June 8, 1936

J. Murphy

Registrar.

## 21. DATE OF DEATH

June 6

(Month)

(Day)

1936

(Year)

## 22. I HEREBY CERTIFY. That I attended deceased from

March 19, 36 to June 6, 1936, I last saw him alive on June 6, 1936, death is said to have occurred on the date stated above, at 12:00 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Aery pneumonia

Date of onset

24/6

Other Contributory Causes of importance:

Cerebral Hemorrhage 11/4

Hemophlegion 11/4

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Murphy M. D.

(Address) 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1928

*REMOVED BY  
MAIL AGENT*

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

5890

## 1. PLACE OF DEATH

County Anne Arundel

83

Registration Dist. No.

21

Village or City Crownsville State Hospital No. St. Ward

Length of residence in city or town where death occurred 1 yrs. 22 mos. 22 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Bob Johnson

If U. S. Veteran, specify WAR

(a) Residence: No.

2121 North Barnes St. St. Baltimore, Md. Ward

If nonresident give city or town and State

9201

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

black

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Unknown

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

1884

7. AGE

51

Years

Months

Days

If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

## OCCUPATION

Total

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

Messenger

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

Maryland

(State or country)

MOTHER

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown

(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown

(State or country)

17. INFORMANT

(Address)

Hospital Records

Crownsville, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place

Hospital Cemetery

Date 6/17 1936

19. UNDERTAKER

(Address)

Dr. A. P. Whaler

South

Water Street

20. FILED

1936

T. J. Joyce

Signature

Registrar.

M. D.

Signature

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

June 12th

(Month)

1936

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from April 21st 1936 to June 12th 1936

I last saw h. alive on June 12th 1936; death is said to have occurred on the date stated above, at 6:45 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

General paralysis of the insane

Date of onset

?

Other Contributory Causes of importance:

Lues

?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Signature

(Address)

Crownsville, Maryland

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset 1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	JULY 6 1928	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

5891

## 1. PLACE OF DEATH

County *Anne Arundel* No. *1246* Registration Dist. No. *1*  
 Village or City *Landsdale - A.A.C.* St. *Ward*  
 No. *Ward*  
 If death occurred in a hospital or institution, give its NAME instead of street and number  
 Length of residence in city or town where death occurred *3* yrs. *mos.* *ds.* How long in U.S. if of foreign birth? *ys.* *mos.* *ds.*

2. FULL NAME *Enoch Philip Johnson*

(a) Residence: No. *Landsdale A.A.C.* Ward  
 (Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ( <i>write the word</i> ) <i>Single</i>
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5a. If married, widowed, or divorced  
 HUSBAND of  
 (or) WIFE of *not married*

6. DATE OF BIRTH (month, day, and year) *Sept 15, 1867*

7. AGE Years <i>68</i>	Months <i>9</i>	Days <i>18</i>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. *Retired Real Estate Broker*

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. *Real Estate Broker*

10. Date deceased last worked at this occupation (month and year) *5 yrs.* 11. Total time (years) spent in this occupation *20 yrs.*

12. BIRTHPLACE (city or town)  
 (State or country) *Anne Arundel Co., Maryland*

13. NAME *Henry Johnson*

14. BIRTHPLACE (city or town)  
 (State or country) *Baltimore, Md.*

15. MAIDEN NAME *Emma*

16. BIRTHPLACE (city or town)  
 (State or country) *New Bern, N.C.*

17. INFORMANT *Russell Johnson*  
 (Address) *Baltimore, Md.*

18. BURIAL, CREMATION, OR REMOVAL  
 Place *Woodlawn Cemetery* Date *July 1, 1936*

19. UNDERTAKER *Harry H. Walker*  
 (Address) *Tollgate & Belmont Sts.*

20. FILED *6-28-1936* J. D. Murphy  
 Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH *June 28*(Month) *June* (Day) *28*, 19*36* (Year)

22. I HEREBY CERTIFY That I attended deceased from

*June 11, 1936*, to *June 28, 1936*.  
 I last saw him alive on *June 28, 1936*; death is said  
 to have occurred on the date stated above, at *6:30 P.M.*

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
 were as follows:

*Cirrhosis of liver* Date of onset *Jan 1936*

Other Contributory Causes of importance:

*Hepatitis, chronic gastritis, hypertension* Date *Jan 1936*

Name of operation *None* Date of *Jan 1936*What test confirmed diagnosis? *clinical* Was there an autopsy? *No*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury *1936*

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify

(Signed) *Albert L. Anderson* M.D.(Address) *Curriapsis, Md.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis	JULY 8 1926	1921
Cerebral hemorrhage		July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones May 1, 1923

**Example II**

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Other contributory causes of importance:		
Gastroenteritis		1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

5892

## 1. PLACE OF DEATH

County Anne Arundel

⑧

Registration Dist. No. 23

Village or City Glen Burnie, Md.

St. \_\_\_\_\_ Ward \_\_\_\_\_

Length of residence in city or town where death occurred

(If death occurred in a hospital or institution, give its NAME instead of street and number)  
 mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

William J. Johnson Jr.

(a) Residence: No. 205 Fourth Ave South

St. \_\_\_\_\_ Ward. X

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

infant

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

June 5-1936

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKEEPER, etc.

None

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.

None

10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)205 Fourth Ave  
Glen Burnie, Md

FATHER

13. NAME

William J. Johnson Jr.

14. BIRTHPLACE (city or town)  
(State or country)

Glen Burnie, Md

MOTHER

15. MAIDEN NAME

Mildred P. Dunaway

16. BIRTHPLACE (city or town)  
(State or country)Lake Shore, Accs  
Md

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Private Cemetery, June 1, 1936

19. UNDERTAKER

(Address)

20. FILED

(Address)

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

June 6, 1936  
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

, 19\_\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_\_.  
I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_\_. Death is said

to have occurred on the date stated above, at \_\_\_\_\_ p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Still birth

Date of onset

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) D. G. Beck, M.D.

(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

*RECEIVED  
JUL 6 1928  
BUREAU U. S.*

Other contributory causes of importance:

Gallstones	May 1, 1928

**Example II**

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	Gastroenteritis	1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

5893

## 1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

191

Registration Dist. No.

23-

St. Ward

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

If U. S. Veteran, specify WAR

St. Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

5a. If married, widowed, or divorced

HUSBAND or  
(or) WIFE of

6. DATE OF BIRTH (month, day, end year)

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country)13. NAME  
Charles Humphrey14. BIRTHPLACE (city or town)  
(State or country)15. MAIDEN NAME  
Ann Elizabeth16. BIRTHPLACE (city or town)  
(State or country)17. INFORMANT  
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Maryland Ave Date: June 11, 1936

19. UNDERTAKER  
(Address)20. FILED  
June 14, 1936 M. R. DeAlba  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

June  
(Month)13  
(Day)1936  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

I last saw her alive on June 9, 1936, to June 13, 1936; death is said to have occurred on the date stated above, at 4:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

chronic Intestinal Hyperplasia 1936

## Other Contributory Causes of importance:

Chronic Vaginal Disease  
of the Heart

Name of operation June Date of

What test confirmed diagnosis? Sputum Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide Date of Injury, 19

Where did injury occur?

Specify city or town, county and State

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James S. Billingsley M. O.  
(Address) Glen Burnie, Md.

**UNITED STATES STANDARD CERTIFICATE OF DEATH**

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  - 9.—The industry or business in which the work was done.
  - 10.—The month and year the deceased last worked at the occupation.
  - 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### **Example-I**

The principal cause of death and related causes of importance were as follows:

<u>Arteriosclerosis</u>	1938
<u>Chronic interstitial nephritis</u>	
<u>Cerebral hemorrhage</u>	BUREAU V. S.

### Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

#### **Other contributory causes of importance:**

Gallstones	May 1, 1923	Gastroenteritis	1 year

#### **Other contributory causes of importance:**

May 1, 1923 Gastroenteritis 1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## MARGIN RESERVED FOR BINDING

V. S. No. 1  
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

5894

## 1. PLACE OF DEATH

County

Anne Arundel

93a

Registration Dist. No.

26

Village or City

Seale-

St.,

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

mos.

yrs.

mos.

ds.

## 2. FULL NAME

Caroline Kolb Knopp

(a) Residence: No.

Seale Md

St., Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	white	married

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Frank O. Knopp-

## 6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
58	2		20	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	none
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country)13. NAME  
John J. Kolb-14. BIRTHPLACE (city or town)  
(State or country)15. MAIDEN NAME  
Caroline Kichner-16. BIRTHPLACE (city or town)  
(State or country)17. INFORMANT  
(Address)18. BURIAL, CREMATION, OR REMOVAL  
Place \_\_\_\_\_ Date \_\_\_\_\_, 19\_\_\_\_19. UNDERTAKER  
(Address)20. FILED June 21, 1936 Leo T. Dent  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

June 21, 1936 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1936, to June 21, 1936

I last saw him alive on June 21, 1936, death is said to have occurred on the date stated above, at 7:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

acute myocarditis

Date of onset

Other Contributory Causes of importance:

chronic atrophic  
arthritis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Emily H. Carlson, M.D.  
(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	BUREAU V. S. 1936	1 week ago
Run over by street car	REC'D 6 JUN 1936	1 week ago
Peritonitis	REC'D 6 JUN 1936	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

5895

## 1. PLACE OF DEATH

County A. A. Co.

Village or City North Linthicum

Length of residence in city or town where death occurred Life yrs.

No. (131) Registration Dist. No. 23

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Henry F. Kornmann

(a) Residence: No. North Linthicum

(Usual place of abode)

If U. S. Veteran specify WAR

St., Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
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5e. If married, widowed, or divorced  
HUSBAND of (or) WIFE of (nee)

Late Louisa M. Kornmann (Murbach)

6. DATE OF BIRTH (month, day, end year) Jan. 14, 1865.

7. AGE 71	Years	Months 4	Days 17	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Barber

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore  
(State or country) Md.

13. NAME Kornmann

14. BIRTHPLACE (city or town) Germany  
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Germany  
(State or country)17. INFORMANT Henry E. Kornmann,  
(Address) North Linthicum, A.A.C. Co. Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Loudon Park Date June 4, 193619. UNDERTAKER Harry A. Kornmann  
(Address) 1101 Edmondson Ave.20. FILED JUN 7, 1936 Dr. R. DeMars  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

June 1, 1936

22. I HEREBY CERTIFY That I attended deceased from May 19, 1936, to June 1, 1936.

I last saw him alive on June 1, 1936; death is said to have occurred on the date stated above, at 5 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Impending Ch. Malaria  
Cerebral Arteriaclerosis  
Spinalitis of sacrum  
Senility, Paralysis

Other Contributory Causes of importance:

Palindromy, Ocular

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Marshall R. Natchez M. D.  
(Address) 2151 Walters Av.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNPAIDING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

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# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

5896

## 1. PLACE OF DEATH

County

a. a.

Village or City

annapolis md

Length of residence in city or town where death occurred

30

yrs.

47-B

Registration Dist. No. 1

No. Emergency Hospital St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos.      ds.      How long in U.S. if of foreign birth?      yrs.      mos.      ds.

## 2. FULL NAME

Samuel Kotzen

(a) Residence: No.

1 Holland

St.

Ward

CORPORATE MEMBER

(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

M

W

Married

5a. If married, widowed, or divorced

HUSBAND OF  
(or) WIFE OF

Anna Kotzen

6. DATE OF BIRTH (month, day, and year)

Aug 15 - 1880

7. AGE

Years

Months

Days

If LESS than

55

10

15

1 day,      hrs.  
or      min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)Not  
193511. Total time (years) spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Europe

MOTHER FATHER

13. NAME

Hessie Kotzen

14. BIRTHPLACE (city or town)  
(State or country)

Europe

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town)  
(State or country)

Unknown

17. INFORMANT

Carrie Kotzen

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Burial Israel

Place

Date July 1, 1936

19. UNDERTAKER

B. J. Hopping

(Address)

20. FILED

7-1, 1936

J. J. Murphy

(Signature)

Date of onset

Feb

## 21. DATE OF DEATH

June

30

1936 (Year)

## 22. I HEREBY CERTIFY

That I attended deceased from  
Feb. 1936, to Jun 30, 1936I last saw him alive on Jun 30, 1936; death is said  
to have occurred on the date stated above, at 4 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Carcinoma Lung

Feb

Other Contributory Causes of importance:

Arthritis

Feb

Name of operation

Data of

7

What test confirmed diagnosis?

Was there an autopsy?

No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

George A. Biegel  
Family MD

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	JUL 6 1936	Date of onset 1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	RUMEAU V. S.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1929

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

5897

## 1. PLACE OF DEATH

County Anne Arundel

93-C

Registration Dist. No. 11

Village or City near Herald Harbor

No. of Election Dist.

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U.S. if foreign birth? yrs. mos. ds.

## 2. FULL NAME John J. Lawn

If U. S. Veteran, specify WAR

(a) Residence: No. 37390-35<sup>+</sup> St. Mt. Rainier, Md.

1638

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Male

White

Married

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Catherine L. Lawn

6. DATE OF BIRTH (month, day, end year)

Feb. 18, 1881

7. AGE

Years  
55Months  
3Days  
18If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)Pressman  
Printing  
4/5/3611. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

Philadelphia Pa

MOTHER FATHER

13. NAME

Peter Joseph Lawn

14. BIRTHPLACE (city or town)

(State or country)

Philadelphia Pa

15. MAIDEN NAME

Anna Kane

16. BIRTHPLACE (city or town)

(State or country)

Clara Ireland

17. INFIRMANT

(Address)

John J. Lawn Jr.

2736, 355+ mt Rainier Rd

Place Washington DC Date 6/9, 1936

18. BURIAL, CREMATION, OR REMOVAL

Place Washington DC Date 6/9, 1936

19. UNDERTAKER

(Address)

Perry &amp; Walsh Inc.

29-17th St. N.W.

20. FILED

T. J. Murphy

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

June (6)

Month (6)

(Day)

1936

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

, 19

, 19

, 19

I last saw h. alive on

to death is said

to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Date of onset  
Acute Cardiac Failure  
Superimposed upon  
Acute indigestion  
Primary Cause Chronic myocarditis. Duration  
Other Contributory Causes of importance: Not stated  
Ques. R.

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury , 19

Where did Injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

and

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Joseph McAlpinson J.P.  
Acting Coroner  
(Signature)  
(Address) Indianapolis Ind

Seal

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
------------	-------------

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

5898

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Anne Arundel

17

Registration Dist. No.

Village or City Crownsville State Hospital No.

St. Ward

Length of residence in city or town where death occurred 10 yrs. 7 mos. 16 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Marie Livers

If U. S. Veteran, specify WAR

(a) Residence: No. Wicomico P. O., Charles County, Maryland

08X

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX female	4. COLOR OR RACE black	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
---------------	------------------------	---

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of -----

6. DATE OF BIRTH (month, day, end year) 1877

7. AGE Years 59	Months Unknown	Days	If LESS than 1 day, hrs. or min.
-----------------	----------------	------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	None
--	------

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	---
---	-----

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
---	---

12. BIRTHPLACE (city or town) Maryland  
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown  
(State or country)

15. MAIDEN NAME Nora Livers

16. BIRTHPLACE (city or town) Unknown  
(State or country)17. INFORMANT Hospital Records  
(Address) Crownsville, Maryland18. BURIAL, CREMATION, OR REMOVAL  
Place Date 6/18/3619. UNDERTAKER  
(Address)

20. FILED June 27, 1936 E 7.

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

June 24th

(Month)

(Day)

1936  
(Year)

22. I HEREBY CERTIFY. That I attended deceased from November 4th 1925 to June 24th 1936

I last saw her alive on June 24th 1936; death is said to have occurred on the date stated above, at 1:05 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

General arteriosclerosis

Date of onset  
?

Other Contributory Causes of importance:

Senility

?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ----- Date of injury 19-----

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *John P. McFerod*  
(Address) Crownsville, Maryland

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED JUL 8 1936	Date of onset
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

5899

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Anne Arundel

Village or City Stony Creek

(183)

Registration Dist. No. 21

St,

Ward

Length of residence in city or town where death occurred yrs.

mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME Arthur G. Long Sr.

(a) Residence: No. 33 S. Gay Street Baltimore

(Usual place of abode)

If U. S. Veteran, specify WAR

Ward

If nonresident give city or town and State

0001

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
-------------	------------------------	---

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Helena C. Long

6. DATE OF BIRTH (month, day, end year) March 9 1887

7. AGE Years Months Dey's If LESS than  
49 3 12 1 day, hrs.  
or min.OCCUPATION  
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc. Laborer  
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) York Pa.  
(State or country)FATHER  
13. NAME Samuel Long  
14. BIRTHPLACE (city or town) Pa.  
(State or country)MOTHER  
15. MAIDEN NAME Carrie Shick16. BIRTHPLACE (city or town) Baltimore, Md.  
(State or country)17. INFORMANT Mrs. Helena G. Long  
(Address) 33 S. Gay St. Baltimore, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Loudon Cemetery Date June 24, 193519. UNDERTAKER Henry Hoeck & Sons  
(Address) 1301 E. Eager street20. FILED 6-20, 1936 J. A. Breit  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

June 21 20, 1936  
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

\*\*\*\*\*, 19, to 19; death is said

to have occurred on the date stated above, at 2 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

accidental drowning : a boat  
was not involved. Guest.

Caused by going out beyond depth.

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 19

Where did injury occur?

(Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury accidental drowning

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

d. a. Breit  
(Address) 1301 E. Eager street, Md.

Date of onset

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	JUL 6 1926 July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Perianitis	3 days ago

Other contributory causes of importance:

Gallstones May 1, 1923

Other contributory causes of importance:

Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN  
AUTHORITY FOR CHANGE OF DEATH DATE: LETTER July 25, 1936

filed under DR. BREIT.- L.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

5900

## 1. PLACE OF DEATH

County Anne Arundel

Village or City Stony Creek

183

Registration Dist. No. 21

St.

Ward

Length of residence in city or town where death occurred yrs.

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Arthur G. Long Jr.

(a) Residence: No. 33 S. Gay Street

(Usual place of abode)

St.

Ward

If U. S. Veteran, specify WAR

0001

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
-------------	------------------------	--

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, end year) May 31 1921  
7. AGE Years 15 Months - Days 20 If LESS than  
1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. schoolboy  
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation12. BIRTHPLACE (city or town) Baltimore, Md.  
(State or country)

13. NAME Arthur G. Long Sr.

14. BIRTHPLACE (city or town) York Pa.  
(State or country)

15. MAIDEN NAME Helena C. Long

16. BIRTHPLACE (city or town) Baltimore, Md.  
(State or country)17. INFORMANT Helena C. Long  
(Address) 33 S. Gay street18. BURIAL, CREMATION, OR REMOVAL  
Place Loudon Cemetery Date June 24, 193619. UNDERTAKER Henry Hoeck & Sons  
(Address) 1301 E. Fager street20. FILED 6-20, 1936 A. Breit  
T. A. Breit  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

June 21 20, 1936  
(Month) (Day) (Year)22. I HEREBY CERTIFY, That I attended deceased from  
19 to 19, 19.

I last saw h. alive on , 19 ; death is said

to have occurred on the date stated above, at 2 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

accidental drowning; a boat  
was not involved. cause  
Caused by going out beyond depth  
Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Accidental drowning.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. A. Breit M. D.  
(Address) 1301 E. Fager street

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
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- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

RECEIVED	
<b>The principal cause of death and related causes of importance were as follows:</b>	
Arteriosclerosis	JUL 6 1936
Chronic interstitial nephritis	
Cerebral hemorrhage	BUREAU V. S.

**Example II**

		<b>The principal cause of death and related causes of importance were as follows:</b>	Date of onset
		Attack of epilepsy	1 week ago
		Run over by street car	1 week ago
		Peritonitis	3 days ago
<b>Other contributory causes of importance:</b>		<b>Other contributory causes of importance:</b>	
Gallstones	May 1, 1928	Gastroenteritis	1 year

**AUTHORITY** ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN  
**FOR CHANGE OF DEATH DATE: LETTER July 25, 1936 filed**  
 under Dr. Breit.-L.

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

5901

## 1. PLACE OF DEATH

County A - A -  
Village or City Annapolis Md

Length of residence in city or town where death occurred yes.

(213-1)

Registration Dist. No. 21ND. 16 Washington St. Ward 1  
(If death occurred in a hospital or institution, give its NAME instead of street and number)mos. ds. How long in U.S. if of foreign birth? years mos. days

## 2. FULL NAME

(a) Residence: No. 70 Washington  
(Usual place of abode)St. 4 Ward.

WITHIN CORPORATE LIMITS OF

If nonresident give city or town and State X

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
--------------------	-----------------------------	--

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofMARRIED

6. DATE OF BIRTH (month, day, and year)

7. AGE <u>81</u>	Years	Months <u>14</u>	Days	If LESS than 1 day, _____ hrs. min.
------------------	-------	------------------	------	---

Feb. 1875

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.

Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

Jun 2411. Total time (years) spent in this occupation 35WatermanFishing12. BIRTHPLACE (city or town)  
(State or country)Shady Side  
A - A - Co Md

MOTHER

13. NAME John Matthews14. BIRTHPLACE (city or town)  
(State or country)Shady Side  
A - A - Co Md15. MAIDEN NAME Eliza Dennis16. BIRTHPLACE (city or town)  
(State or country)Shady Side  
A - A - Co Md17. INFORMANT Mrs H. B. Parker(Address) 70 Washington St.

18. BURIAL, CREMATION, OR REMOVAL

Place Brewerfield Cem. Date 6. 28, 193619. UNDERTAKER H. B. Parker(Address) 47 Washington St.20. FILED 6. 28, 1936(Address) J. Murphy

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

June 25 1936 (Month) 25 (Day) 1936 (Year)22. I HEREBY CERTIFY. That I attended deceased from June 25, 1936, to June 25, 1936

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Death by drowning in a boat 6/25/36Cause of death: Unknown deceased as a fisherman alone in a boat, and probably fell overboard.

Other Contributory Causes of Importance:

Body recovered several hours after death.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external cause (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) H. B. Parker M. D.(Address) 55 Southgate Ave.

Dr. Schiff

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset 1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	1926	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

5902

## 1. PLACE OF DEATH

County

Anne Arundel

(210-m)

Registration Dist. No. 21

Village or City

Annapolis Md

Ward

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No. Metipquin

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Hazel Turbush

6. DATE OF BIRTH (month, day, and year)

April 1, 1906

7. AGE

Years Months Days

If LESS than  
1 day, hrs.  
or min.

30

2

8

OCCUPATION

37811 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Anna Driver

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

Red Star Lines, Inc.  
11. Total time (years) spent in this occupation 4 yrs.12. BIRTHPLACE (city or town)  
(State or country)

Metipquin

MOTHER FATHER

13. NAME

Richard Messick

14. BIRTHPLACE (city or town)  
(State or country)

Metipquin, Md.

15. MAIDEN NAME

Maggie Couch

16. BIRTHPLACE (city or town)  
(State or country)

Metipquin, Md.

17. INFORMANT

(Address)

Richard Messick  
Salisbury 4-536

18. BURIAL, CREMATION, OR REMOVAL

Place

Metipquin Date 6/12 1936

19. UNDERTAKER

(Address)

Mrs. C. G. Messick, Rose  
Bivalve, Md.

20. FILED

6/10 1936 J. J. Murphy  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

June 10, 1936

## 22. I HEREBY CERTIFY. That I attended deceased from

, 19 , to , 19 .

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at . m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Compound Fracture right side of skull Break burn  
Right shoulder Break  
Burn left lateral thoracum wall. Due to a car accident  
Caused by accident of a automobile  
Name of operation Date of  
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?  Decedent Date of injury 1936Where did injury occur?  An automobile accident, Ma.

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Yes, specify Joseph M. Armstrong, Jr.,  
(Signed) Acting Coroner

(Address) Annapolis Md M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

5903

51

## 1. PLACE OF DEATH

County Anne Arundel

Village or City Crownsville State Hospital No.



Registration Dist. No.

St., Ward

Length of residence in city or town where death occurred 9 yrs. 4 mos. 24 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Leah Mills

(a) Residence: No. Worcester County, Maryland St.

If U. S. Veteran, specify WAR

Ward.

23X

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX female	4. COLOR OR RACE black	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>single</i>
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5a. If married, widowed, or divorced  
HUSBAND OF  
(or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year) 1887

7. AGE 49	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc. Unknown

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ---

10. Date deceased last worked at this occupation (month and year) --- 11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) Maryland  
(State or country)13. NAME Unknown  
Unknown14. BIRTHPLACE (city or town)  
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)  
(State or country) Unknown17. INFORMANT Hospitals Records  
(Address) Crownsville, Maryland18. BURIAL, CREMATION, OR REMOVAL  
Hospital Cremator - Data 6/7, 198619. UNDERTAKER Dr. R. P. Wunderode Dr. Dyer  
(Address) Waterbury Md.20. FILED 6/7 1986 2-4-8644  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

June 4th

(Month)

1936

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from January 10th, 1927, to June 4th, 1936

I last saw her alive on June 4th, 1936; death is said to have occurred on the date stated above, at 12:45 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute cardiac dilatation

Date of onset

Other Contributory Causes of Importance:

Chronic myocarditis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signature

M. D.  
CROWNsville, Maryland  
(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

5904

## 1. PLACE OF DEATH

County

Anne Arundel

93-C

Registration Dist. No. 2

Village or City

Woodland Beach

1

County Md.  
Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

Telia Gould

If U. S. Veteran, specify WAR

(Usual place of abode)

Ward

NP-48

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Married

6a. If married, widowed, or divorced  
HUSBAND OF  
(or) WIFE OF

James H Gould

6. DATE OF BIRTH (month, day, end year)

Mar 3, 1900

7. AGE. Years Months Days If LESS than  
36? 3 15 1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Richmond

13. NAME

Thos G Cawie

Va

Va

Va

14. BIRTHPLACE (city or town)  
(State or country)

Va

Va

Va

Va

Va

15. MAIDEN NAME

Anna Marshall

16. BIRTHPLACE (city or town)

Va

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
------------	-------------

## Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

5905

## 1. PLACE OF DEATH

County

Anne Arundel Co., Md.

1946

Registration Dist. No. 21

Village or City Annapolis

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

Charles Pindell

(a) Residence: No. 20 Carroll

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. COLOR OR RACE

c

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

m

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Catherine Pindell

6. DATE OF BIRTH (month, day, and year)

May 10, 1867

7. AGE

69

Years

1

Months

1

Days

3

If LESS than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

OCCUPATION

1077

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

Laborer

Date of onset

6/13/36

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.

Add Jobs.

10. Date deceased last worked at  
this occupation (month and  
year)

1935

11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

West River

Acco. Md.

MOTHER

FATHER

13. NAME Richard Pindell

West River

Md.

15. MAIDEN NAME

?

16. BIRTHPLACE (city or town)  
(State or country)

?

17. INFORMANT

(Address)

Catherine Pindell

20 Carroll St.

18. BURIAL, CREMATION, OR REMOVAL

Place

Brewer Cem Date 6-17 1936

19. UNDERTAKER

(Address)

Chas. E. Hicks, Jr.

Annapolis, Md.

20. FILED

6-16 1936

(Signature)

J. J. Murphy

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

June

(Month)

13

(Day)

1936

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

August 1935 to June 13, 1936.

I last saw him alive on June 13, 1936; death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral hemorrhage, the result of an accident a limb of tree fell on his head at right shoulder, September 18th, 1935, at the Governor's mansion, Annapolis.

Other Contributory Causes of importance:

Fractured skull

Hypertension &amp; arteriosclerosis

Unconscious for two weeks, then sporadic convulsions.

Name of operation dying in one of them Date of

What test confirmed diagnosis? Chinal Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Sept. 18, 1935

Where did injury occur? Annapolis, Anne Arundel Co., Md.

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

at the Governor's mansion.

Manner of injury Limb of tree fell on head at right shoulder.

Nature of injury Fractured skull; cerebral hemorrhage; convulsions.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Maurice F. Klemans

(Address) 31 Somtgatz Av. M. D.

**UNITED STATES STANDARD CERTIFICATE OF DEATH**

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.  
9.—The industry or business in which the work was done.  
10.—The month and year the deceased last worked at the occupation.  
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complications of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### Example 1

The principal cause of death and related causes of importance were as follows:

Example 1	
	Date of onset
The principal cause of death and related causes of importance were as follows:	
<i>Arteriosclerosis</i>	1915
<i>Chronic interstitial nephritis</i>	1921
<i>Cerebral hemorrhage</i>	July 5, 1922
Other contributory causes of importance:	
<i>Gallstones</i>	May 1, 1922

### Example II

The principal cause of death and related causes of importance were as follows:

Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Attack of epilepsy</i>	1 week ago
<i>Run over by street car</i>	1 week ago
<i>Peritonitis</i>	3 days ago
Other contributory causes of importance:	
<i>Gastroenteritis</i>	1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

## STATE OF MARYLAND—CERTIFICATE OF DEATH

5906

## 1. PLACE OF DEATH

County. *Anne Arundel Co.*Village or City. *Annapolis Md.*Length of residence in city or town where death occurred. *48* yrs.

93-a

Registration Dist. No. *21*

St. \_\_\_\_\_ Ward \_\_\_\_\_

No. 47 Dean

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

WITHIN CORPORATE LIMITS OF *X*2. FULL NAME. *Anna M Rawlings*(a) Residence: No. *47 Dean*

(Usual place of abode)

St. \_\_\_\_\_ Ward. \_\_\_\_\_

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>M</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>widow</i>
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of*Samuel F Rawlings*6. DATE OF BIRTH (month, day, and year) *June 18 - 1862*

7. AGE Years <i>73</i>	Months <i>11</i>	Days <i>28</i>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <i>House wife</i>	11. Total time (years) spent in this occupation
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9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

12. BIRTHPLACE (city or town)  
(State or country) *Baltimore & Md.*13. NAME *Jonathan Purdy*14. BIRTHPLACE (city or town)  
(State or country) *New Jersey*15. MAIDEN NAME *Anna Quinn*16. BIRTHPLACE (city or town)  
(State or country) *New Jersey*17. INFORMANT *John R Rawlings*  
(Address) *Annapolis Md.*18. BURIAL, CREMATION, OR REMOVAL  
Place *Boulder Bluff* Date *June 18 36*19. UNDERTAKER *B T Hopping*  
(Address) *Annapolis Md.*20. FILED *6 18 36* J Murphy  
Regist.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

*June 16 1936*

(Month) (Day), (Year)

22. I HEREBY CERTIFY, That I attended deceased from *June 13 36* to *June 16 36*; death is saidI last saw her alive on *June 13 36*, 1936; death is said to have occurred on the date stated above, at *12:45 P.M.*

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Acute Myocarditis*Date of onset *June 13*

Other Contributory Causes of importance:

*Hypertension*  
*Cerebral Sclerosis*Death *July 1*

Name of operation \_\_\_\_\_

Date of \_\_\_\_\_

What test confirmed diagnosis?

Was there an autopsy? *No*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify \_\_\_\_\_

(Signed) *George C Basile M.D.*  
(Address) *Annapolis Md.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	JUL 6 1936
	Date of onset	1915

Chronic interstitial nephritis	RECEIVED	JUL 6 1936
	Date of onset	1921

Cerebral hemorrhage	RECEIVED	JUL 6 1936
	Date of onset	July 5, 1927

Other contributory causes of importance:

Gallstones	RECEIVED	JUL 6 1936
	Date of onset	May 1, 1923

**Example II**

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
	1 week ago

Run over by street car	Date of onset
	1 week ago

Peritonitis	Date of onset
	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

5907

## 1. PLACE OF DEATH

County Anne Arundel

Village or City Annapolis

Registration Dist. No. 21

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME HENRY LOUIS REHN

(a) Residence: No. 16 German

(Usual place of abode)

If U. S. Veteran, specify WAR WORLD WAR

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
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5a. If married, widowed, or divorced  
HUSBAND of (or) WIFE of

Doris Thomas Rehn

6. DATE OF BIRTH (month, day, and year) May 15, 1891

7. AGE Years 45	Months	Days 25	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	electrician
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	U. S. Naval Academy
10. Date deceased last worked at this occupation (month end year)	11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (city or town) A. A. County, Maryland

13. NAME Herman Rehn

14. BIRTHPLACE (city or town) Annapolis, Maryland

15. MAIDEN NAME Mary Jane Evans,

16. BIRTHPLACE (city or town) Annapolis, Maryland

17. INFORMANT Mrs. Doris T. Rehn.  
(Address) 16 German St. Annapolis, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Annapolis, Md. Date June 12, 1936

Cedar Bluff Cemetery

19. UNDERTAKER John M. Taylor.  
(Address) Annapolis, Md.20. FILED 6 10, 1936 J. J. Murphy  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

June 9, 1936 (Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

19 , 19 , to , 19 ; death is said

I last saw h. alive on , 19 ; death is said  
to have occurred on the date stated above, at . m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Heart Attack  
Coronary Thrombosis

Date of onset

Other Contributory Causes of importance:

Acute indigestion  
attack preceding  
Principle cause

Date of

Name of operation ..... Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

In Industry at Naval Academy

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Louis Strauss  
(Address) Annapolis, Md. M.D. Coroner

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

5908

23rd

## 1. PLACE OF DEATH

County Anne Arundel

94A

Registration Dist. No.

Village or City Glen Burnie, Md.

St. Ward

Length of residence in city or town where death occurred 4 yrs.

mos. ds. How long in U.S. If of foreign birth? 20 yrs. mos. ds.

## 2. FULL NAME

Thomas A Kenzie

(a) Residence: No. 609 Delmar Ave Glen Burnie, Md.

Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	MARRIED

5a. If married, widowed, or divorced:

HUSBAND of  
(or) WIFE of

Alice Kenzie

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	58	10	30	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country)

13. NAME

14. BIRTHPLACE (city or town)  
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)  
(State or country)17. INFORMANT  
(Address)18. BURIAL, CREMATION, OR REMOVAL  
Place Date19. UNDERTAKER  
(Address)

20. FILED Date

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

June 7 36, 1936

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from

April 26, 1936, to June 7, 1936.

I last saw him alive on June 6, 1936, death is said to have occurred on the date stated above, at 5:00 AM.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Angina pectoris

Date of onset

Other Contributory Causes of importance

Chronic myocardial

disease.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19-

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Joseph J. Murphy M. D.

(Address) 1010 E. Pratt Street, Baltimore, Maryland C. O. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		
The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	JUL 8 1936	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927

Other contributory causes of importance:

Gallstones May 1, 1928

Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Anne Arundel

Village or City Crownsville State Hospital No. St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. 3 mos. 6 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Robertson - Samuel

(a) Residence: No. Tyaskin, Wicomico County, Maryland

If U. S. Veteran, specify WAR

If nonresident give city or town and State

JDX

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. COLOR OR RACE black	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

1908

7. AGE Years 28	Months Unknown	Days Unknown	If LESS than 1 day, hrs. or min.
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OCCUPATION TR	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Unknown	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Unknown
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town)  
(State or country)

Unknown

MOTHER FATHER	13. NAME Unknown
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14. BIRTHPLACE (city or town)  
(State or country)

Unknown

MOTHER	15. MAIDEN NAME Unknown
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16. BIRTHPLACE (city or town)  
(State or country)

Unknown

17. INFORMANT (Address)	Hospital Records
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Crownsville, Maryland

18. BURIAL, CREMATION, OR REMOVAL Place	Hospital Cemetery
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Date 6/30 36

19. UNDERTAKER (Address)	R. P. Muller
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20. FILED 1. June 30, 1936 2. 27 Joyce	Registar.
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## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

June 24th

(Month)

(Day)

1936

(Year)

22. I HEREBY CERTIFY That I attended deceased from March 18th 1934 to June 24th 1936

I last saw h. im alive on Jun. 24, 1936; death is said to have occurred on the date stated above, at 7:40 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Epilepsy

Other Contributory Causes of Importance:  
Acute bronchitis

10 das.

Name of operation --- Data of ---

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? --- Date of Injury ---, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ---

Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased? ---

If so, specify ---

(Signed) *Mark D. Muller* M. D.  
(Address) Crownsville, Maryland

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	C E T V E D	1915
Chronic interstitial nephritis	JUL 6 1936	1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927
Other contributory causes of importance:		

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Other contributory causes of importance:		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## HEALTH DEPARTMENT—CITY OF BALTIMORE

5910

CERTIFICATE OF DEATH <sup>(23)</sup>

## 1. PLACE OF DEATH

CITY OF BALTIMORE: (No.)

Length of residence in city or town where death occurred..... yrs. .... mos. .... ds.

st., Ward)

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

(If non-resident give city or town and State)

If U. S. Veteran  
specify WAR

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

June 27, 1921

7. AGE	Years	Months	Days	If LESS than 1 day,.... hrs. or.... min.
	14	11	21	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)	Cryptal Springs
	Anne Arundel Co. Md.

MOTHER FATHER	13. NAME	Andrew Rogers
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MOTHER FATHER	14. BIRTHPLACE (city or town) (State or country)	S.C.
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MOTHER	15. MAIDEN NAME	Ora Mitchell
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MOTHER	16. BIRTHPLACE (city or town) (State or country)	Blackfayre, S.C.
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MOTHER	17. INFORMANT	Ora Rogers
	(Address)	Cryptal Springs A.A. Co. Md.

MOTHER	18. BURIAL, CREMATION, OR REMOVAL place	Markham June 21, 1936
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MOTHER	19. UNDERTAKER (Address)	Mrs. Katie P. Williams
		322 N. Charles St.

MOTHER	20. FILED	June 20, 1936 Caldwell Woodruff
		Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year)

I HEREBY CERTIFY That I attended decedent from

March 25, 1936 to June 18, 1936

I last saw her alive on June 16, 1936 Death is said

to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of  
importance were as follows:

Pulmonary TB

Date of onset

not  
1936

Other contributory causes of importance:

Was an operation performed? no Date of \_\_\_\_\_

For what disease or injury?

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis \_\_\_\_\_ Was there an autopsy \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public  
place \_\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) \_\_\_\_\_ M. D. \_\_\_\_\_

(Address) \_\_\_\_\_

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school or at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel, etc.* For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

		Date of onset
Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	JUL 6 1936	July 5, 1927
BUREAU V. S.		
Other contributory causes of importance:		
Gallstones		May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Other contributory causes of importance:		
Gastroenteritis		1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**



# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

BUREAU V. S.

JUL 8 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

5912

## 1. PLACE OF DEATH

County A. A. Co.

Village or City Jessup

82-a

Registration Dist. No. 22

St. \_\_\_\_\_ Ward \_\_\_\_\_

Length of residence in city or town where death occurred \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

## 2. FULL NAME Henry Franklin Scott

(a) Residence: No. 1823 N. Payson.

(Usual place of abode)

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) Feb. 5th. 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
74		4	17	

OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country) Howard Co. Md.

13. NAME William Scott

14. BIRTHPLACE (city or town)  
(State or country) Howard Co. Maryland15. MAIDEN NAME Annie R. Stiver  
Baltimore16. BIRTHPLACE (city or town)  
(State or country) Maryland.17. INFORMANT Mrs. Ruth Sharpley  
(Address) 1823 N. Payson St.18. BURIAL, CREMATION, OR REMOVAL  
Place Loudon Park Date June, 24, 193619. UNDERTAKER Joseph Brook  
(Address) 1003 West Baltimore St.

20. FILED June 22, 1936 Clara M. Healy, Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June, 21st

36

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1936, to June 21, 1936.

I last saw him alive on June 21, 1936, death is said to have occurred on the date stated above, at 11 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

6/18/36

Other Contributory Causes of importance:

Pulmonary Embolus.

6/21/36

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clin. Was there an autopsy? Yes \_\_\_\_\_ No \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed)

\_\_\_\_\_, M.D.  
(Address) \_\_\_\_\_

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage		July 5, 1927

**Example II**

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset	1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gallstones	Date of onset	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	Date of onset	1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**



# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
		1915
Chronic interstitial nephritis		1921

Cerebral hemorrhage JUL 7 1936

July 5, 1927

BUREAU V. S.

Other contributory causes of importance:

Gallstones

May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

5914

## 1. PLACE OF DEATH

County Anne Arundel

(13)

Registration Dist. No.

23

Village or City Harmon's

Camp Meade Road

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

Margaret Spriggs

(a) Residence: No. Harmon's P. O.

St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE Col.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Unknown
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of  
Unknown6. DATE OF BIRTH (month, day, and year)  
18777. AGE  
59 Years Months Days  
If LESS than  
1 day, hrs.  
or min.8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.  
Housework9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.  
Life10. Date deceased last worked at  
this occupation (month and  
year)  
To date11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
Anne Arundel Co  
(State or country)13. NAME  
Unknown14. BIRTHPLACE (city or town)  
11  
(State or country)15. MADIOEN NAME  
Unknown16. BIRTHPLACE (city or town)  
77  
(State or country)17. INFORMANT  
Daisy Simms  
(Address) 753 Dover St18. BURIAL, CREMATION, OR REMOVAL  
Place Harmon's Cemetery Date June 11, 193619. UNDERTAKER  
Elroy O. Nelson  
(Address)20. FILED June 10, 1936 M. R. Dealeba  
(Address) Dep. Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

June 9th  
(Month)

(Day)

1936  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

19 \_\_\_\_\_, to \_\_\_\_\_, 19 \_\_\_\_\_

I last saw h. alive on \_\_\_\_\_, 19\_\_\_\_\_; death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Arterio Sclerosis

Chronic Intestinal Nephritis

Endocarditis

Other Contributory Causes of importance:

Cerebral Hemorrhage

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) J. Alexander M. D.  
(Address) 753 Dover St

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	Moy 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County.

Village or City.

Length of residence in city or town where death occurred

(151)

Registration Dist. No.

26

St.

Ward

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Sa. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, end year)

7. AGE

Years

Months

Days

If LESS than  
1 day, hrs.  
or min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

13. NAME

14. BIRTHPLACE (city or town)  
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)  
(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

20. FILED

Date

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

June 11, 1936

(Month)

(Day)

(Year)

## 22. I HEREBY CERTIFY. That I attended deceased from

June 18, 1936, to May 18, 1936.

I last saw him alive on May 18, 1936; death is said

to have occurred on the date stated above, at 11:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance

were as follows: Chronic Tephritis.

Data on onset

Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Geo. V. Dent M. D.

(Address) 6 Churchton St. 19

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance: S.

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis *RECEIVED* JUL 8 1936

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Gallstones

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

5917

## 1. PLACE OF DEATH

County Anne Arundel

97

Registration Dist. No. 21

Village or City Crownsville State Hospital No. St. Ward

Length of residence in city or town where death occurred 2 yrs. 5 mos. 14 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME John W. Swann

If U. S. Veteran, specify WAR

(a) Residence: No. Pisgah, Charles County, Maryland Ward

081

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male	4. COLOR OR RACE black	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
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5a. If married, widowed, or divorced  
HUSBAND of  
WIFE of Virginia

6. DATE OF BIRTH (month, day, and year) 1864

7. AGE 72	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
		Unknown		

OCCUPATION 7897  
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ---

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) Maryland  
(State or country)

13. NAME James Swann

14. BIRTHPLACE (city or town) Maryland  
(State or country)

15. MAIDEN NAME Cora Anne Gray

16. BIRTHPLACE (city or town) Maryland  
(State or country)17. INFORMANT Hospital Records  
(Address) Crownsville, Maryland18. BURIAL, CREMATION, OR REMOVAL  
Place Glynnwood Date 6/17/193619. UNDERTAKER Henry Cooper  
(Address) Mason Springs20. FILED June 16, 1936  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

June 15th

(Month)

(Day)

1936

(Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1st 1933, to June 15th, 1936

I last saw him alive on June 15th, 1936, death is said

to have occurred on the date stated above, at 3 P. M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

General arteriosclerosis

Date of onset

?

Other Contributory Causes of Importance:

Senility

?

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? --- Date of injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank T. Thompson M. D.  
(Address) Crownsville, Maryland

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	RECEIVED
Chronic interstitial nephritis	JUL 6 1926
Cerebral hemorrhage	July 5, 1927
BUREAU V. S.	

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset		Date of onset
Attack of epilepsy		1 week ago	
Run over by street car		1 week ago	
Peritonitis		3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

5919

## 1. PLACE OF DEATH

County Anne Arundel  
Village or City Crownsville

92a

Registration Dist. No. 21

St., Ward

Length of residence in city or town where death occurred yrs. I mos. 16 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Robert Tolson

(a) Residence: No. 1507 W. Lexington Baltimore, Md. Ward.

If U. S. Veteran, specify WAR

0001

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX Male	4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---		

## 21. DATE OF DEATH

June 27 1936

(Month)

(Day)

193

(Year)

22. I HEREBY CERTIFY. That I attended deceased from May/II/36<sub>19</sub> to 6.27.36<sub>19</sub>.

I last saw h. im alive on 6/27/36<sub>19</sub>; death is said to have occurred on the date stated above, at 7.05P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Mitral Insufficiency

Date of onset

6. DATE OF BIRTH (month, day, and year) 2/15/1801

7. AGE Years 35	Months 4	Days 12	If LESS than 1 day, hrs. or min.
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Night Watchman

8. Trade, profession, or particular kind of work done, as SPANNER, SAWYER, BOOKKEEPER, etc.	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month end year) 4/6/36	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Virginia  
(State or country)

Other Contributory Causes of importance:

Acute interstitial nephritis

13. NAME William Wilson

14. BIRTHPLACE (city or town) Maryland  
(State or country)

Name of operation

Date of

15. MAIDEN NAME Belle Snead

16. BIRTHPLACE (city or town) Virginia  
(State or country)

What test confirmed diagnosis?

Was there an autopsy?

17. INFIRMARY Hospital Records  
(Address)

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? --- Date of injury 19

Where did injury occur? ---

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

18. BURIAL, CREMATION, OR REMOVAL Mount Auburn

Date 7/1/36<sub>19</sub>19. UNDERTAKER Cleay Wilson  
(Address) 1000 Brantley Ave. Baltimore

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Crownsville State Hospital M. D.

20. FILED JUNE 30, 1936 E. F. Joyce  
T. Registrar

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

5920

## 1. PLACE OF DEATH

County *Annapolis*Village or City *Annapolis*Length of residence in city or town where death occurred *2 yrs.*

16-1

Registration Dist. No. *21*

No. 19 Taylor

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)  
mos. *27* ds. How long in U.S. if of foreign birth? *1 yrs.* mos. *0* ds.

## 2. FULL NAME

(a) Residence: No. 19 Taylor

(Usual place of abode)

St., Ward.

WITHIN CORPORATE LIMITS OF

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>M</i>	4. COLOR OR RACE <i>Philippines</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>single</i> (write the word)
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) *Jan 2 - 1886*

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		<i>24</i>	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	11. Total time (years) spent in this occupation
<i>9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.</i>	
10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (city or town)  
(State or country) *Annapolis and*13. NAME *Flaviano Turbaya Jr*14. BIRTHPLACE (city or town)  
(State or country) *Philippine Island*15. MAIDEN NAME *Elizabeth Parker*16. BIRTHPLACE (city or town)  
(State or country) *Balti Mo.*17. INFORMANT *Flaviano Turbaya Jr*  
(Address) *19 Taylor St*18. BURIAL, CREMATION, OR REMOVAL  
Place *Annapolis* Date *June 27, 1936*19. UNDERTAKER *B. T. Hopking*  
(Address) *Annapolis*20. FILED *6-27-1936* J. Murphy  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

*June 26*

(Month)

(Day)

*1936*  
(Year)22. I HEREBY CERTIFY That I attended deceased from *June 25, 1936, to June 26, 1936*. Last saw him alive on *June 26, 1936*; death is said to have occurred on the date stated above, at *4 P.M.* The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:*Acute catarrhal jaundice*

Date of onset

*Birth*

Other Contributory Causes of importance:

*Congenital*Name of operation *Name* Date of *no*What test confirmed diagnosis? *Clinical* Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

*J. Willis Martin* M.D.  
(Address) *Annapolis, Md.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

5921

## 1. PLACE OF DEATH

County Anne Arundel

Village or City Catonsville

34

Registration Dist. No. 21

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH County Anne Arundel Village or City Catonsville				No. (If death occurred in a hospital or institution, give its NAME instead of street and number)	St. _____ Ward. _____	Ward. _____
Length of residence in city or town where death occurred _____ yrs. 8 mos. 0 ds.				How long in U. S. if of foreign birth? _____ yrs. 0 mos. 0 ds.		
2. FULL NAME Melvin Washington				If U. S. Veteran, specify WAR No 0001	St. Baltimore, Maryland	
(a) Residence: No. 1601 Madison Avenue (Usual place of abode)				If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS						
3. SEX Male	4. COLOR OR RACE Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single				
6. DATE OF BIRTH (month, day, and year) ? about 1920						
7. AGE 16	Years	Months ?	Days ?	If LESS than 1 day, ____ hrs. or ____ min.		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Student						
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.						
10. Date deceased last worked at this occupation (month and year) ?				11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) ? (State or country)						
13. NAME ?						
14. BIRTHPLACE (city or town) ? (State or country)						
15. MAIDEN NAME ?						
16. BIRTHPLACE (city or town) ? (State or country)						
17. INFORMANT Hospital Records (Address) Catonsville State Hospital						
18. BURIAL, CREMATION, OR REMOVAL Towson Cemetery Date 6/17/36, 19						
19. UNDERTAKER Funeral Home (Address) 578 St. Biddle Street, Baltimore						
20. FILED 6/18/36 87 for Registar						
MEDICAL CERTIFICATE OF DEATH						
21. DATE OF DEATH June 14 1936 (Month) (Day) (Year)						
I HEREBY CERTIFY. That I attended deceased from November 14, 1935, to June 14, 1936.						
I last saw him alive on 6/12/36, 19; death is said to have occurred on the date stated above, at 1 p.m.						
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:						
Cerebral spinal meningitis ?						
Other Contributory Causes of importance:						
Name of operation _____ Data of _____						
What test confirmed diagnosis? Necropsy Was there an autopsy? _____						
23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____						
Where did injury occur? _____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.						
Manner of injury _____						
Nature of injury _____						
24. Was disease or injury in any way related to occupation of deceased? If so, specify _____						
(Signed) John F. Ford, M.D. (Address) Catonsville State Hospital						

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED	
Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
BUREAU V. S.	

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	
1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

5922

## 1. PLACE OF DEATH

County Anne Arundel

Village or City Green Haven

(59)

Registration Dist. No.

21

St. Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME George Weaver

(a) Residence: No. Green Haven

St. Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Jessie Weaver

6. DATE OF BIRTH (month, day, end year)

May 27 1843

7. AGE

Years 93

Months -

Days 27

If less than  
1 day, \_\_\_\_ hrs.  
or \_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

None

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Baltimore Md

MOTHER FATHER

13. NAME

George Weaver

14. BIRTHPLACE (city or town)  
(State or country)

Germany

15. MAIDEN NAME

Jessie Weaver

16. BIRTHPLACE (city or town)  
(State or country)

Germany

17. INFORMANT

(Address)

John A. Hoffman

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery 6-26-36

19. UNDERTAKER

(Address)

Barnard G. Harter  
121 S West St

20. FILED

6-24-36 Z. A. Breit

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

June 24<sup>th</sup>  
(Month) (Day), 1936  
(Year)22. I HEREBY CERTIFY. That I attended deceased from  
6-22, 1936, to 6-24, 1936I last saw him alive on 6-24, 1936, death is said  
to have occurred on the date stated above, at 7:45 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Diabetes mellitus

Date of onset

Other Contributory Causes of importance:

Gangrene of foot 6-20, 1936

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Z. A. Breit  
Pasadena, Md.  
(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife—in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	1915
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	Date of onset
	May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	1 week ago

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## STATE OF MARYLAND—CERTIFICATE OF DEATH

5923

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1. PLACE OF DEATH

County Anne Arundel  
Village or City Patapsco Park

94a

Registration Dist. No. 25-

St. Ward

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Eliza Ellen West

(a) Residence: No. 7 Dawson Ave  
(Usual place of abode)

If U. S. Veteran, specify WAR

St. Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Female Negro Widowed

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of - Benjamin West.

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
54	5	10		

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country) Anne Arundel Co.

13. NAME Thomas Warren

14. BIRTHPLACE (city or town)

(State or country) Unknown

15. MATURE NAME Margaret

16. BIRTHPLACE (city or town)

(State or country) Unknown

17. INFORMANT Janilla Robinson

(Address) Patapsco Park

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date June 29th 1936

19. UNDERTAKER Eliza L. Wilson

(Address) 600 Brantley Ave

20. FILED June 29, 1936 John M. Whiston

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

June 26, 1936 (Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from

, 19 , to , 19

I last saw her alive on June 26, 1936; death is said to have occurred on the date stated above, at 6:00 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arterio sclerosis

Date of onset  
1925

Angina Pectoris

6-26-32

Other Contributory Causes of importance:

Bronchitis

4-20-32

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Eliza L. Ball, Jr.

M. D.

(Address) 51st Street and Hyatt St., Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:

RECEIVED		Date of onset
Arteriosclerosis		1915
Chronic interstitial nephritis	JUL 8 1926	1921
Cerebral hemorrhage.		July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

**Example II**

The principal cause of death and related causes of importance were as follows:

Date of onset
Attack of epilepsy
Run over by street car
Peritonitis

Other contributory causes of importance:

Gastroenteritis	1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

100-4780  
Lillian

100-4780  
Brookland Park

## STATE OF MARYLAND—CERTIFICATE OF DEATH

5924

## 1. PLACE OF DEATH

County Anne Arundel

(13)

Registration Dist. No. 21

Village or City Crownsville State Hospital No.

St. Ward

Length of residence in city or town where death occurred 18 yrs. 9 mos. 16 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Bessie White

If U. S. Veteran, specify WAR

(a) Residence: No. 2906 Quincy St., Baltimore, Maryland

0001

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	black	married

5a. If married, widowed, or divorced  
**HUSBAND** of (or) **WIFE** of Madison White

6. DATE OF BIRTH (month, day, and year) Aug. 16 - 1897

7. AGE Years Months Days If LESS than  
38 47 9 Unknown 20 1 day, hrs.  
or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. Domestic

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ---

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) Virginia  
 (State or country)

13. NAME Father Unknown

14. BIRTHPLACE (city or town) Unknown  
 (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown  
 (State or country)

17. INFDRMANT Hospital Records  
 (Address) Crownsville, Maryland

18. BURIAL, CREMATION, OR REMOVAL  
 Place Date 4/8 56

19. UNDERAKER John Johnson  
 (Address) 1700 Druid Hill Ave Baltimore

20. FILED June 6, 1936

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

June 6th

(Month)

193

(Day)

6

(Year)

22. I HEREBY CERTIFY, That I attended deceased from August 17th, 1937, to June 6th, 1936.

I last saw her alive on June 6th, 1936; death is said to have occurred on the date stated above, at 6:45 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic interstitial nephritis Data of onset 4 mos

Other Contributory Causes of importance:  
 Chronic myocarditis 3 mos

Name of operation --- Date of ---

What test confirmed diagnosis? --- Was there an autopsy? ---

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? --- Date of injury ---, 19 ---

Where did injury occur? ---

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury ---

Nature of injury ---

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ---

(Signed) *John J. Hender* M. D.

(Address) Crownsville

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

5925

## 1. PLACE OF DEATH

County Anne Arundel

(131)

Registration Dist. No.

22

Village or City New Laurel

St.,

Ward

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME John E. Whitehead

(a) Residence: No.

(Usual place of abode)

St.,

Ward.

If U.S. Veteran specify WAR

If nonresident give city or town and State X

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Male

White

Widowed

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

May A. Whitehead

6. DATE OF BIRTH (month, day, and year)

April 27, 1854

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

82

2

29

## OCCUPATION

Occupation

8.

Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year) 192711. Total time (years)  
spent in this  
occupation 60 yrs12. BIRTHPLACE (city or town) Anne Arundel Co.  
(State or country)

13. NAME Edward Whitehead.

14. BIRTHPLACE (city or town) Anne Arundel  
(State or country)

15. MARION NAME Susan Barry.

16. BIRTHPLACE (city or town) Anne Arundel  
(State or country)17. INFORMANT Leonard Whitehead  
(Address) Laurel Rd. D.18. BURIAL, CREMATION, OR REMOVAL  
Place Greenwood Date June 27, 193619. UNDERTAKER Kidgley & Kelly  
(Address) 401 Park Ave Laurel Md.

20. FILED June 27, 1936 Clara M. Haslehurst

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

June

25

1936

22. I HEREBY CERTIFY. That I attended deceased from

I last saw him alive on June 24, 1936; death is said

to have occurred on the date stated above, at 12 noon.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

chronic nephritis

edema

chronic hypertension

Date of onset

2/2/36

1/23/0

Other Contributory Causes of importance:

acute cardiac dilation 4/25/36

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Data of injury \_\_\_\_\_, 19\_\_\_\_\_

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) P. Warren M. D.

(Address) Laurel Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

Date of onset

1921

Cerebral hemorrhage

Date of onset

July 5, 1927

**Example II**

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Gallstones

Date of onset

May 1, 1928

Other contributory causes of importance:

Gastroenteritis

1 year

**ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN**

## STATE OF MARYLAND—CERTIFICATE OF DEATH

5926

## 1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred

yrs. 11 mos.

ds.

No. 52 Washington St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME

(a) Residence: No. 52 Washington

St. Ward.

(Usual place of abode)

Registration Dist. No. 7

How long in U.S. If of foreign birth? yrs. mos. ds.

If nonresident give city or town and State

## MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)		
Male	Colored	Single		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of				
not in 1930				
6. DATE OF BIRTH (month, day, and year)				
7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
		9	13	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.				
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.				
10. Date deceased last worked at this occupation (month and year)				
11. Total time (years) spent in this occupation				
12. BIRTHPLACE (city or town) (State or country)				
13. NAME Edward Williams				
14. BIRTHPLACE (city or town) (State or country)				
15. MAIDEN NAME Eliza Brook				
16. BIRTHPLACE (city or town) (State or country)				
17. INFORMANT Edward Williams (Address) 52 Washington St.				
18. BURIAL, CREMATION, OR REMOVAL. Place Davidsonville Date June 28, 1936				
19. UNDERTAKER J. B. Johnson (Address) Annapolis				
20. FILED 6/27/1936 J. Murphy Registrar.				

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

June 24, 1936

(Month)

(Day)

(Year)

I HEREBY CERTIFY, That I attended deceased from

June 18, 1936, to June 24, 1936.

Last saw him alive on June 24, 1936; death is said to have occurred on the date stated above, at 9:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Bronchitis-pneumonia  
(Primary)

Data of onset

6/18/36

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did Injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? 

If so, specify \_\_\_\_\_

(Signed) Lawrence W. Greene M.D.  
(Address) Annapolis, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	JUL 6 1936	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V S	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

For authorization to change date of birth see birth cert. 2/2/37  
B.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

5927

## 1. PLACE OF DEATH

County Anne Arundel

Village or City Fort Geo. G. Meade, Md.

(183)

Registration Dist. No.

St. Ward

Length of residence in city or town where death occurred yrs. 1

mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME George J. Zalusky

(a) Residence: No. Fort Howard, Md.

(Usual place of abode)

If U. S. Veteran, specify WAR

03X

St. Ward

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
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5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 25, 1916

7. AGE Years 20	Months 2	Days 24	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc. Soldier9. Industry or business in which work was done, as SILK MILL, U. S. Army  
SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) June, 1936

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) Chicago  
(State or country) Ill.

13. NAME Unknown

14. BIRTHPLACE (city or town) Ill.  
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Ill.  
(State or country)17. INFORMANT Service record  
(Address)18. BURIAL, CREMATION, OR REMOVAL  
Place Chicago, Ill. Date June 22, 193619. UNDERTAKER Robert Brooks  
(Address) Baltimore, Md.20. FILED June 20, 1936 B. Norris  
B. NORRIS, Major, M.C., Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

June 19, 1936  
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

, 19 , to , 19 ;

I last saw him alive on , 19 ; death is said to have occurred on the date stated above, at 2:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Drowning Accidental

Date of onset

6/19/36

Other Contributory Causes of Importance:

None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Data of injury June 1936

Where did injury occur? Fort Geo. G. Meade, Md.

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury While swimming

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify B. Norris

(Signed) Wm. T. Sichi, 1st Lt., M. C.

M. D.

(Address) Fort Geo. G. Meade, Md.

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## Example I RECEIVED

The principal cause of death and related causes of importance were as follows:

JUL 3 1936

Date of onset

1915

1921

July 5, 1927

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other contributory causes of importance:

Gallstones

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN